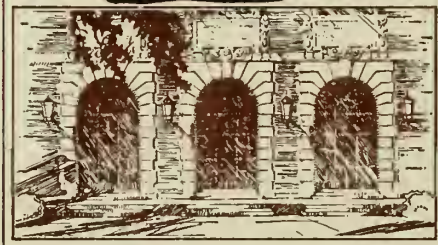


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U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service National Institutes of Health

Report of the
National Commission on Diabetes
to the Congress of the United States

Volume IV

SUPPORTING MATERIALS TO THE COMMISSION REPORTS

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service National Institutes of Health

DHEW Publication No. (NIH) 76-1033

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VOLUME IV
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A. FEDERAL HEALTH LEGISLATION RELATED TO DIABETES
AS OF OCTOBER 1, 1975

INTRODUCTION AND SUMMARY

The following report reviews federal health legislation in order to determine whether existing legal authority provides for, or permits, the inclusion of programs for diabetes research, education, and treatment. The report was developed through a careful review of all federal programs relating to health, and with consultation of officials within the various agencies, and commissions, particularly in the Diabetes Mellitus Coordinating Committee, the Office of Management and Budget, and the National Institutes of Health.

Federal health programs are frequently authorized by general legislation from which there can be drawn more than one specific health program. Accordingly, authority for a diabetes component to a program would appear to be permissible in almost all health programs unless specifically excluded. In those other programs which are categorical, with specific authority focused on a particular disease entity, diabetes components would appear to be authorized only when such are related to that particular program category.

In summary, there is broad general authority for inclusion of diabetes components within almost all existing federal health programs. Such authority itself, however, does not insure the existence of a diabetes component in a particular program. Non-statutory factors, such as program priorities, budget limitations, agency promulgated regulations, and the like may mitigate against the establishment and operation of diabetes components.

STYLE OF THE REPORT

The report is divided into a text and appendix. The text provides a succinct statement of each relevant federal program, organized by executive department and agency. The programs of each agency are functionally described with references to detailed organizational statements and specific authorizing statutes. The organizational statements are to be found in the appendix. References to U.S. Code citations are in the form of 42 U.S.C. 201 where the 42 refers to the Title of the U.S. Code and 201 refers to the specific section. References to the Federal Register are in the form of 34 F.R. 1279 where 34 refers to the Title and 1279 refers to the page number.

I. THE DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE (HEW)

HEW (42 U.S.C. 3501 et seq., Reorganization Plan #1 of 1953) is the executive department responsible for most health programs, and consequently, it has the broadest authority to provide for or permit programs for diabetes research, education, and treatment. HEW has four relevant organizational components: the Public Health Service; the Social and Rehabilitation Service; the Social Security Administration, and the Office of Human Development.

A. THE PUBLIC HEALTH SERVICE (PHS)

PHS (42 U.S.C. 201 et seq., 38 F.R. 18261) is subdivided into six organizational components, all of which may conduct diabetes-related projects.

1. The Center for Disease Control (CDC)

Statutory authority:

Specific: 42 U.S.C. 247b(h)(1)

General: 42 U.S.C. 241, 2421, 243, 246, 254a, 263a, 264

Organizational statement: 39 F.R. 1461

CDC has general authority to assist and direct programs for disease prevention and control, improvement of laboratory performance, and the assurance of safe and healthful working conditions. The National Diabetes Mellitus Research and Education Act, (P.L. 93-354, 42 U.S.C. 247b(h)(1)), specifically includes diabetes among CDC prevention and control programs.

CDC is divided into eight components, five of which are generally authorized to provide for or permit programs related to diabetes research, treatment, and education: the Bureau of Epidemiology, the Bureau of Health Education, the Bureau of Laboratories, the Bureau of State Services, and the Bureau of Training.

2. The Health Services Administration (HSA)

Statutory authority:

Specific: None

General: 42 U.S.C. 234, 241, 243, 246, 247b, 248, 249, 251, 253, 253a, 253b, 254a, 254b, 254c, 300d-300d-9, 300-e-300-e-14, 701, et seq., 1320c-1320c-19

HSA is mandated to administer health service delivery programs and to assist in the integration of such programs with public and private financing systems. HSA is divided into four major components, each of which appears authorized to provide for or permit programs directly or indirectly related to diabetes.

- a. The Bureau of Community Health Services encourages the development of locally based programs of health services delivery, and attempts to find approaches designed to bring them within the major health financing systems.
 - 1) The Community Health Centers program (P.L. 94-63, 42 U.S.C. 254c) provides primary and supplemental health care services, especially to the medically underserved population.
 - 2) The Comprehensive Public Health Services program (P.L. 94-63, 42 U.S.C. 246) provides financial support to state health and mental health agencies.
 - 3) The Maternal and Child Health and Crippled Children's Services program (Social Security Act, Title V, 42 U.S.C. 701 et seq.) provides financial support to states to extend and improve medical services to crippled children.
 - 4) The Maternal and Child Health Formula Grants program (Social Security Act, Title V, 42 U.S.C. 701 et seq.) provides financial support to states to extend and improve services to reduce infant mortality and improve the health of mothers and children.
 - 5) The Migrant Health Centers program (P.L. 94-63, 42 U.S.C. 247d) provides primary and supplemental health services to migrant and seasonal farm workers and their families.
 - 6) The Health Maintenance Organizations program (P.L. 93-222, 42 U.S.C. 300e-300e-14) provides basic and supplemental health services for the development of such care delivery systems.
 - 7) The National Health Service Corps program (P.L. 91-613 as amended by P.L. 94-63, 42 U.S.C. 254b) provides the delivery of health care services in areas with critical health personnel shortages.

- 8) The Comprehensive Health Services program (P.L. 93-644, 42 U.S.C. 2901) is designed to develop and implement health service projects for low income persons. The program is the successor to CHS under the Office of Economic Opportunity, 42 U.S.C. 2809(a)(4).
- b. The Indian Health Service provides a comprehensive health service delivery system for American Indians and Alaskan Natives.
- c. The Bureau of Medical Services is mainly concerned with the provision of health care service to certain categories of eligible federal beneficiaries.
 - 1) The Emergency Medical Services Systems program (P.L. 93-154, 33 U.S.C. 763c, 42 U.S.C. 211a, 212a, 295f-2,4,6, 300d-300d-9) mandates the demonstration and provision of assistance and encouragement for the development of comprehensive emergency medical services systems.
 - 2) The Federal Employee Health Service program (P.L. 79-658, 5 U.S.C. 7901) permits the head of each government agency to establish a health care service program for employees under his agency jurisdiction.
 - 3) The PHS Hospitals (P.L. 93-155, 42 U.S.C. 248, 251, 254a, 254b) provide outpatient care and hospitalization to statutory beneficiaries such as merchant seamen and uniform service members.
 - 4) The Coast Guard Medical Services program (42 U.S.C. 253) enables members of the Coast Guard to receive outpatient treatment and hospitalization.
- d. The Bureau of Quality Assurance is the quality control division for federal health care programs. The Bureau is authorized to develop health service standards and to assure the necessity, quality, and economy of such services through Professional Standards Review Organizations, (P.L. 92-603, 42 U.S.C. 1320c). The PSRO's must review the professional activities of health care providers to whom payments are to be made under the Social Security Act.

3. The Food and Drug Administration (FDA)

Statutory authority:

Specific: None

General: 21 U.S.C. 301, 321, 331, 351, 352, 355, 356, 371, 372, 373, 374, 375, 381, and 42 U.S.C. 241, 243, 246, 262, 263

Organizational statement: 35 F.R. 3685

The FDA is the food and drug public health protection agency. FDA performs research and develops standards to insure the safety and effectiveness of foods, drugs, biological products, medical devices, diagnostic products, and the like. FDA has no programs related solely to diabetes mellitus. Although no FDA statutory section refers specifically to the disease of diabetes, 21 U.S.C. 356 concerns the requirements for certification of drugs containing insulin.

FDA is divided into six components, three of which appear authorized to provide for or permit programs related to diabetes: the Bureau of Drugs, the Bureau of Foods, and the Bureau of Medical and Diagnostic Products.

4. The Health Resources Administration (HRA)

Statutory authority:

Specific: None

General: 42 U.S.C. 241, 242c, 242k, 243, 245a, 300k-300t

Organizational statement: 39 F.R. 1456

HRA has as its mission the identification, analysis, and development of health personnel, physical and financial resources to achieve optimal deployment and utilization. HRA has no specific authority focusing on diabetes although programs appear authorized to provide for or permit components related to diabetes.

HRA is organized into four major divisions:

- a. The Bureau of Health Manpower is designed to determine the nation's resources and requirements for health professions manpower.
- b. The National Center for Health Services Research (P.L. 93-353, 42 U.S.C. 242c) is mandated to support and undertake

research and analyze projects respecting the design and development of health systems and facilities.

- c. The National Center for Health Statistics (P.L. 93-353, 42 U.S.C. 242k) is to develop and maintain informational systems for national, descriptive health statistics.
- d. The Bureau of Health Planning and Resources Development (P.L. 93-641, 42 U.S.C. 300k, 300l, 300m, 300n, 300o, 300p, 300q, 300r, 300s, 300t) provides leadership and administration for a program of federal, state, and area-wide health planning and health delivery systems development.

5. The National Institutes of Health (NIH)

Statutory authority:

Specific: None

General: Reorganization Plan #3 of 1966, 42 U.S.C. 203, 241, 242o, 289a, 289l, 289l-2

Organizational statement: 40 F.R. 22859

NIH (42 U.S.C. 203, Reorganization Plan of 1966, 40 F.R. 22859) is the organization with the broadest focus on diabetes mellitus research. NIH conducts and supports a wide range of research, training, and education programs in the causes, diagnosis, prevention, and cure of diseases in man.

NIH is composed of eleven national institutes, each of which is described herein. There are, in addition, several other divisions within NIH that have activities related to diabetes.

a. The National Eye Institute (NEI)

Statutory authority:

Specific: None

General: P.L. 90-489, 42 U.S.C. 289l

Organizational statement: 40 F.R. 22859

NEI was established in 1968 to engage in research and gain new knowledge about the functioning of the eye. The Institute appears authorized to provide for or permit projects directly related to diabetes. Diabetic retinopathy research is performed as part of a "Collaborative

Retinopathy Study," as well as through independent studies funded by extramural grants. Other investigations that relate to diabetes are also being conducted by NEI, for example in the field of diabetic cataracts.

b. The National Heart and Lung Institute (NHLI)

Statutory authority:

Specific: None

General: P.L. 80-655, 42 U.S.C. 287

Organizational statement: 40 F.R. 22859

NHLI was originally established by the National Heart Act in 1948. The Institute appears to be authorized to provide for or permit programs related to diabetes. It now performs a few research projects directly focused on diabetes, but engages in many projects that indirectly concern the disease. NHLI is involved in numerous metabolic studies and supports a large education and control effort.

c. The National Institute of Arthritis, Metabolism, and Digestive Diseases (NIAMDD)

Statutory authority:

Specific: P.L. 81-629, P.L. 93-354, 42 U.S.C. 289c-1, 289c-1a, 289c-2, 289c-3

General: None

Organizational statement: 40 F.R. 22859

NIAMDD was established in 1950 as authorized by the Omnibus Medical Research Act. NIAMDD was empowered to study the broad spectrum of metabolic diseases including diabetes and currently places a heavy emphasis upon diabetes within the Diabetes Program. Other NIAMDD programs engaged in diabetes related studies are the Metabolism, Endocrinology, Nutrition, and Kidney Programs. Both the Intramural Research Program and the Extramural Activities Program are authorized.

The National Diabetes Mellitus Research and Education Act authorized the Director of NIAMDD to support research and training in the diagnosis, prevention, and treatment of the disease and established programs of evaluation,

planning, and dissemination of knowledge related to diabetes research and training center. This act also authorized a new position for an associate director for diabetes.

d. The National Institute of Child Health and Human Development (NICHD)

Statutory authority:

Specific: None

General: P.L. 87-383, 42 U.S.C. 289d, 289f, 300a-2, 300c-11

Organizational statement: 40 F.R. 22859

NICHD was established in 1963. NICHD is authorized to provide for or permit programs related to diabetes in the areas of its main concern: family planning, child health, maternal health, and human development. NICHD engages in a few projects that relate to diabetes during pregnancy and its effects upon mother and child. Other projects concern carbohydrate metabolism in infants of diabetic mothers.

e. The National Institute of Dental Research (NIDR)

Statutory authority:

Specific: None

General: P.L. 80-755, 42 U.S.C. 288

Organizational statement: 40 F.R. 22859

NIDR was created by the National Dental Research Act in 1948. NIDR is authorized to provide for or permit programs related to diabetes insofar as the disease affects the oral cavity.

f. The National Institute of General Medical Sciences (NIGMS)

Statutory authority:

Specific: None

General: P.L. 87-838, 42 U.S.C. 289d, 289f

Organizational statement: 40 F.R. 22859

NIGMS was established in 1963. NIGMS appears authorized to provide for or permit programs related to diabetes since its mission is to support research that may have significance for two or more institutes within NIH. Diabetes related research projects are funded through grants and contracts. Among the program areas that relate to diabetes are pharmacology, toxicology, genetics, and cellular and molecular bases of disease.

g. The National Institute of Neurological and Communicative Disorders and Stroke (NINCDS)

Statutory authority:

Specific: None

General: P.L. 81-692, 42 U.S.C. 289a, 289b

Organizational statement: 40 F.R. 22859

NINCDS was originally established in 1950. NINCDS has authority to sponsor and conduct research and training in the causes, prevention, diagnosis, and treatment of numerous diseases including some metabolic and endocrine disorders. As a result of this authorization, NINCDS engages in a variety of neurological research projects.

h. The National Cancer Institute (NCI)

Statutory authority:

Specific: None

General: P.L. 75-244, 42 U.S.C. 281, 282, 284, 286a, 286c

Organizational statement: 40 F.R. 22859

NCI was established pursuant to the National Cancer Institute Act. It sponsors and conducts research, training, and education programs relating to the causes, prevention, diagnosis, and treatment of cancer. NCI engages in no activities directly related to diabetes. Certain projects, however, are tangentially related. The Institute has an intramural metabolism branch and endocrinology section, wherein research is performed concerning growth hormones.

i. The National Institute of the Aging (NIA)

Statutory authority:

Specific: None

General: P.L. 93-296, 42 U.S.C. 289k-2, k-3, k-4, k-5

Organizational statement: 40 F.R. 22859

NIA was established in 1974. NIA appears authorized to provide aging programs related to diabetes. It is empowered to conduct and support research and training related to problems of the aged. Diabetes related intramural research is conducted within the metabolism and endocrine sections of the Clinical Physiology Branch.

j. The National Institute of Allergy and Infectious Diseases (NIAID)

Statutory authority:

Specific: None

General 42 U.S.C. 289a, 289b

Organizational statement: 40 F.R. 22859

NIAID appears authorized to provide for or permit programs related to diabetes although there are programs within the Institute related to the disease, such as immunization and basic work on viruses.

k. The National Institute of Environmental Health Sciences (NIEHS)

Statutory authority:

Specific: None

General: Reorganization Plan #3 of 1966

Organizational statement: 40 F.R. 22859

NIEHS appears authorized to provide for or permit programs related to diabetes although there are no programs within the Institute solely related to the disease.

1. The Division of Research Resources (DRR)

Statutory authority:

Specific: None

General: 42 U.S.C. 235, 242b, 292-295

Organizational statement: 40 F.R. 22859

DRR was originally established within NIH in 1962. DRR appears authorized to provide for or permit programs related to diabetes. The Division aids in the establishment and operation of research centers through grants and training awards. General Clinical Research Centers which provide basic clinical support are utilized for diabetes studies as well as studies for categorical diseases. Other programs, such as the Regional Primate Research Centers, also involve the study of diabetes related problems.

m. The National Library of Medicine (NLM)

Statutory authority:

Specific: None

General: 42 U.S.C. 274 et seq.

Organizational statement: 40 F.R. 22859

NLM was established to collect and disseminate medical information. The library provides material for the Diabetes Literature Index and Endocrine Index; the library is also authorized to provide reference and research assistance to all federal health programs.

n. The Clinical Center (CC)

Statutory authority:

Specific: None

General:

Organizational statement: 40 F.R. 22859

The CC is the research hospital of NIH. It provides a patient care facility to complement the biomedical research performed by the categorical Institutes. The Center is authorized to provide for or permit diabetes related programs.

6. The Alcohol, Drug Abuse, and Mental Health Administration
(ADAMHA)

Statutory authority:

Specific: None

General: 42 U.S.C. 218, 225a, 232, 241, 242a, 289k-1,
289l-4, 2661, 2665, 2671, 2672, 2674, 2677,
2678d, 2681, 2684, 2687, 2688a, 2688d, 2691
et seq.

Organizational statement: 40 F.R. 36163

ADAMHA is organizationally divided into three national institutes: the National Institute of Mental Health, the National Institute on Alcohol Abuse and Alcoholism, and the National Institute on Drug Abuse.

Although there is no statutory focus upon diabetes mellitus, each institute appears authorized to provide for or permit programs related to diabetes within its specific categorical disease emphasis. The greatest likelihood for diabetes related activities would appear to be in the National Institute of Mental Health for studies of the psychological concomitants of diabetics and their families.

B. THE SOCIAL SECURITY ADMINISTRATION (SSA)

Statutory authority:

Specific: None

General: 42 U.S.C. 401, 401a, 402, 418, 426, 603, 907, 1301,
1309, 1315, 1395

Organizational statement: 33 F.R. 5828

SSA was established by the Federal Security Agency Reorganization Plan II, effective July, 1946. The Administration was transferred to the Department of Health, Education, and Welfare by the Reorganization Plan I of 1953.

SSA administers Medicare, a national program of contributory health insurance for the aged and disabled. In connection therewith, SSA engages in research and makes recommendations on the problems of providing health care to such individuals. Medicare pays for diabetes and transplants of diabetic patients, however, the Administration has no special programs solely related to diabetes. However, SSA is authorized to provide for or permit programs related to the disease.

C. THE SOCIAL AND REHABILITATION SERVICE (SRS)

Statutory authority:

Specific: None

General: 22 U.S.C. 2601-2605, 42 U.S.C. 601, 1396, 1397

Organizational statement: 34 F.R. 1279

SRS administers Federal programs that assist state and local communities in the provision of social, rehabilitative, medical, and other services to needy persons. SRS appears authorized to provide for or permit programs related to diabetes.

1. Migration and Refugee Assistance Programs

- a. The Cuban Refugee Program (P.L. 87-510, 8 U.S.C. 1104, 22 U.S.C. 2601-2605) provides welfare, medical, and education services to any person qualifying as a refugee from Cuba.
- b. The Indochina Migration and Refugee Act of 1975 (P.L. 94-23, 22 U.S.C. 2601) authorizes the use of federal funds for the provision of welfare, medical, and education services to Cambodian and Vietnamese refugees.

2. The Medical Services Administration (MSA)

MSA assists in the development and administration of Medicaid programs under Title XIX of the Social Security Act: Grants to States for Medical Assistance Programs (42 U.S.C. 1396 et seq.). These programs provide medical services to needy persons.

3. The Community Services Administration (CSA)

CSA assists in the planning, development, and coordination of all SRS social service programs under the Social Security Act. This includes the Public Assistance Social Service Programs (P.L. 93-64, 42 U.S.C. 1397) which provide for health support services and other appropriate combinations of services for alcoholics, drug addicts, the mentally disturbed, and the physically handicapped.

4. The Assistance Payments Administration (APA)

APA administers income maintenance programs under the Social Security Act (42 U.S.C. 601 et seq.) and provides financial aid to aged and disabled persons in Puerto Rico, the Virgin Islands, and Guam.

D. THE OFFICE OF HUMAN DEVELOPMENT (OHD)

Statutory authority:

Specific: None

General: 29 U.S.C. 701 et seq., 42 U.S.C. 295, 2661-2666, 2670-2677c, 2691, 2693-2696, 2828, 2829, 2991, 3001 et seq., 3045 et seq., 5101 et seq.

Organizational statement: 38 F.R. 17260

OHD was established to administer and coordinate service programs including health service programs for special groups of persons such as: children, the aged, the physically and mentally disabled, and Native Americans. Although there are no programs specifically focusing upon diabetes, OHD is authorized to service diabetics.

1. The Office of Development Disabilities (ODD)

ODD (42 U.S.C. 295-295e, 2661-2666, 2670-2677c, 2691, 2693-2696) provides assistance in servicing persons with developmental disabilities, and aids in programming, education, and construction of facilities for individuals afflicted with congenital, physiological, physical, and mental abnormalities.¹

2. The Rehabilitation Services Administration (RSA)

RSA (P.L. 93-112, 29 U.S.C. 701 et seq.) aids in the provision of vocational services to handicapped individuals through research, education, demonstration, and construction programs.²

3. The Administration on Aging (AoA)

AoA (P.L. 89-73 as amended, 42 U.S.C. 3001 et seq.) provides a wide variety of services for the elderly. The National Nutrition Program for the Elderly (P.L. 92-258, 42 U.S.C. 3045 et seq.) assists in the provision of low cost, nutritious meals for the aged and potentially could provide services to the elderly diabetic. In

¹It is not clear whether diabetes can fall within the purview of the Developmental Disabilities program. The class of beneficiaries is defined loosely, and so, there is no reason to believe that diabetics are to be excluded.

²It is not clear whether diabetes can fall within the purview of RSA program. The class of beneficiaries is defined loosely, and so, there is no reason to believe that diabetics are to be excluded.

addition, AoA supports a federal-state-local program to establish coordinated service programs for the aged.

4. The Office of Native Americans Programs (ONAP)

ONAP (P.L. 93-644, 42 U.S.C. 2991) promotes the goals of economic and social self-sufficiency for American Indians, Hawaiian Natives, and Alaskan Natives.

5. The Office of Child Development (OCD)

OCD (P.L. 93-247, 42 U.S.C. 5101 et seq., 42 U.S.C. 2828, 2829) conducts research in the causes, prevention, and treatment of child abuse, and provides assistance to outside organizations in their child abuse programs. OCD also administers the Head Start and Follow Through programs which provide comprehensive medical services to children of low income families.

E. THE EDUCATION DIVISION

Statutory authority:

Specific: None

General: 20 U.S.C. 1221a, 1221c, 1831

Organizational statement:

The Education Division is responsible for administering the education activities of the Department of Health, Education, and Welfare. Within the Division, the Bureau of School Systems maintains a Health and Nutrition Program Branch. It is authorized to provide grants to states for health education programming for school children of low income families. There is no focus upon diabetes, although information relating to the disease may be dispersed, and diabetic children receive special instruction.

II. THE DEPARTMENT OF DEFENSE (DOD)

Statutory authority:

Specific: None

General: 10 U.S.C. 131, 136, 1971 et seq.

DOD is authorized to provide for or permit programs related to diabetes. Within the Office of the Secretary of Defense is an Assistant Secretary who is responsible for health affairs. This

office is responsible for the treatment of patients, clinical research, and education and training and personnel in health matters. The department does not place any emphasis upon diabetes, except to the extent this disease affects military personnel and beneficiaries. See 10 U.S.C. 1071 et seq.

Each of the military departments within DOD has authority to provide health services either through direct care or contract facilities for military personnel and their dependents. In the event that diabetes causes a disability, military personnel receive disability retirement, and subsequently receive care through the Veterans Administration (VA).

III. THE DEPARTMENT OF AGRICULTURE (DOA)

Statutory authority:

Specific: None

General: 7 U.S.C. 2201 et seq.

Organizational statement: 40 F.R. 39912

DOA is authorized to provide for or permit studies that relate to diabetes but it does not appear to engage in any activities solely related to the disease.

DOA conducts programs related to nutrition through the Agricultural Research Service (ARS) but does not conduct any research solely related to the specific nutritional needs of diabetics. Within ARS, the Nutrition Institute is responsible for studies concerning nutrient requirements. The Institute is composed of numerous laboratories that perform research in specified areas. Those that tangentially concern diabetes are the Carbohydrate Nutrition Laboratory, Lipid Nutrition Laboratory, Vitamin and Mineral Nutrition Laboratory, and the Protein Nutrition Laboratory. Many of these programs are complemented by extramural research projects funded by ARS through the Foods and Nutrition Service, State Cooperative Research Service, and the Extension Service.

IV. INDEPENDENT AGENCIES

A. THE NATIONAL SCIENCE FOUNDATION (NSF)

Statutory authority:

Specific: None

General: 42 U.S.C. 1861-1875, 1876-1879

NSF was established by the National Science Foundation Act of 1950 and given additional authority by the National Defense Education Act of 1958. Further responsibilities were transferred to the Foundation by the Reorganization Plan #1 of 1973.

NSF supports extramural research programs in many scientific disciplines. The Foundation funds research organizations through grants, contracts, and cooperative agreements. NSF does not engage in any activities solely related to diabetes, however, it appears authorized to provide for and permit programs related to diabetes and provides support for basic research potentially related.

B. THE VETERANS ADMINISTRATION (VA)

Statutory authority:

Specific: None

General: 38 U.S.C. 201 et seq., 4101-4124, 5051-5057, 5070-5091

The VA (38 U.S.C. 201 et seq.) appears authorized to provide for or permit programs related to diabetes. It has extensive medical research, education, and manpower training programs within its department of Medicine and Surgery (38 U.S.C. 4101-4124). The Department is specifically authorized to share its medical facilities, equipment, and information with other agencies and organizations. Additionally, the Administrator is empowered to coordinate VA programs with those of HEW (see 38 U.S.C. 5051-5057, 5070-5096) and to lend assistance in the establishment of new medical schools. The VA has research projects that relate directly and indirectly to diabetes.

C. THE ENERGY RESEARCH AND DEVELOPMENT ADMINISTRATION (ERDA)

Statutory authority:

Specific: None

General: P.L. 93-438, 42 U.S.C. 5811 et seq.

ERDA was established by the Energy Reorganization Act of 1974 (P.L. 93-438, 42 U.S.C. 5811 et seq.) and was activated on 1/19/75 by Executive Order 11834. The Administration is authorized to perform basic research and development functions in the field of energy resources. ERDA maintains laboratories that engage in medically related research, and it appears authorized to provide for or permit programs related to diabetes.

The Atomic Energy Commission, a predecessor of ERDA, was involved with studies of radioactive and stable isotopes as a tool in basic metabolic studies.

V. APPENDICES

A. THE PUBLIC HEALTH SERVICE

NOTICES

prior to July 1, 1973, shall continue in effect in them or their successors.

This delegation becomes effective July 1, 1973.

Dated June 18, 1973.

CHARLES C. EDWARDS,
Assistant Secretary for Health.

[FR Doc.73-13792 Filed 7-6-73; 8:45 am]

ADMINISTRATOR, HEALTH RESOURCES ADMINISTRATION

Delegation of Authority

I hereby delegate to the Commissioner of Food and Drugs and the Director, National Institutes of Health all those administrative management and financial management authorities previously delegated to them by the Assistant Secretary for Administration and Management and the Assistant Secretary Comptroller and which pertain to those functions assigned to their respective organizations by the Reorganization Order effective July 1, 1973.

I hereby delegate to the Administrator, Health Resources Administration, the Administrator, Health Services Administration, and the Director, Center for Disease Control the authority to exercise for their respective agencies all those administrative management and financial management authorities pertaining to those functions assigned to their respective organizations by the Reorganization Order effective July 1, 1973, which were formerly specifically delegated to the Administrator, Health Services and Mental Health Administration and the Director, National Institutes of Health.

Pending issuance of redelegations, all delegations or redelegations to any officer or employee of any office, bureau, division, center, or other organizational unit which were in effect immediately prior to July 1, 1973, shall continue in effect in them or their successors.

This delegation becomes effective July 1, 1973.

Dated July 2, 1973.

CHARLES C. EDWARDS,
Assistant Secretary for Health.

[FR Doc.73-13799 Filed 7-6-73; 8:45 am]

ADMINISTRATOR, HEALTH SERVICES ADMINISTRATION

Delegation of Authority

I hereby revoke the delegations previously made by me to the Administrator, Health Services and Mental Health Administration, insofar as such delegations pertain to the functions assigned to the Health Services Administration in the Reorganization Order effective July 1, 1973.

I hereby delegate to the Administrator, Health Services Administration, all authority delegated to me by the Secretary of Health, Education, and Welfare which pertains to the functions assigned to the Health Services Administration by the

Reorganization Order effective July 1, 1973.

These authorities may be redelegated. Pending issuances of redelegations, all delegations or redelegations to any other officer or employee of any office, bureau, division, center or other organizational unit which were in effect immediately prior to July 1, 1973, shall continue in effect in them or their successors.

This delegation becomes effective July 1, 1973.

Dated June 18, 1973.

CHARLES C. EDWARD,
Assistant Secretary for Health.

[FR Doc.73-13791 Filed 7-6-73; 8:45 am]

ASSISTANT SECRETARY FOR HEALTH

Delegation of Authority

I hereby revoke the current delegations of those Administrative Management authorities previously made by me to the Administrator, Health Services and Mental Health Administration, the Director, National Institutes of Health and the Commissioner of Food and Drugs.

I hereby delegate to the Assistant Secretary for Health all the aforementioned administrative management authorities previously delegated to the Administrator, HSMHA, the Director, NIH, and the Commissioner of Food and Drugs within the Public Health Service, Department of Health, Education, and Welfare.

These authorities may be redelegated within the restrictions specified within pertinent DHEW manual instructions or other issuances.

Pending issuance of redelegations by the Assistant Secretary for Health, all delegations or redelegations to any other officer or employee of any office, bureau, division, center or other organizational unit which were in effect immediately prior to July 1, 1973, shall continue in them or their successors.

This delegation becomes effective July 1, 1973.

Dated June 29, 1973.

ROBERT H. MARIK,
*Assistant Secretary for
Administration and Management.*

[FR Doc.73-13794 Filed 7-6-73; 8:45 am]

ASSISTANT SECRETARY FOR HEALTH

Delegation of Authority

I hereby revoke the current delegations of those financial management authorities previously made by me to the Administrator, Health Services and Mental Health Administration, the Director, National Institutes of Health and the Commissioner of Food and Drugs.

I hereby delegate to the Assistant Secretary for Health all the aforementioned financial management authorities previously delegated to the Administrator, HSMHA, the Director, NIH, and the Commissioner of Food and Drugs within the Public Health Service, Department of Health, Education, and Welfare.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Office of the Secretary

ADMINISTRATOR, HEALTH RESOURCES ADMINISTRATION

Delegation of Authority

I hereby revoke the delegations previously made by me to the Administrator, Health Services and Mental Health Administration and the Director, National Institutes of Health, insofar as such delegations pertain to the functions assigned to the Health Resources Administration in the Reorganization Order effective July 1, 1973.

I hereby delegate to the Administrator, Health Resources Administration, all authority delegated to me by the Secretary of Health, Education, and Welfare which pertains to the functions assigned to the Health Resources Administration by the Reorganization Order effective July 1, 1973.

These authorities may be redelegated.

Pending issuances of redelegations, all delegations or redelegations to any other officer or employee of any office, bureau, division, center or other organizational unit which were in effect immediately

These authorities may be redelegated within the restrictions specified within pertinent DHEW manual instructions or other issuances.

Pending issuance of redelegations by the Assistant Secretary for Health, all delegations or redelegation to any other officer or employee of any office, bureau, division, center or other organizational unit which were in effect immediately prior to July 1, 1973, shall continue in effect in them or their successors.

This delegation becomes effective July 1, 1973.

JAMES B. CADDWELL,
Assistant Secretary, Comptroller.

Dated June 27, 1973.

[FR Doc.73-13790 Filed 7-6-73; 8:45 am]

DIRECTOR, CENTER FOR DISEASE CONTROL

Delegation of Authority

I hereby revoke the delegations previously made by me to the Administrator, Health Services and Mental Health Administration, insofar as such delegations pertain to the functions assigned to the Center for Disease Control in the Reorganization Order effective July 1, 1973.

I hereby delegate to the Director, Center for Disease Control, all authority delegated to me by the Secretary of Health, Education, and Welfare which pertains to the functions assigned to the Center for Disease Control by the Reorganization Order effective July 1, 1973.

These authorities may be redelegated.

Pending issuances of redelegations, all delegations or redelegations to any other officer or employee of any office, bureau, division, center or other organizational unit which were in effect immediately prior to July 1, 1973, shall continue in effect in them or their successors.

This delegation becomes effective July 1, 1973.

Dated June 18, 1973:

CHARLES C. EDWARD,
Assistant Secretary for Health.

[FR Doc.73-13790 Filed 7-6-73; 8:45 am]

DIRECTOR, NATIONAL INSTITUTES OF HEALTH

Delegation of Authority

I hereby revoke the delegations previously made by me to the Administrator, Health Services and Mental Health Administration, insofar as such delegations pertain to the functions assigned to the National Institutes of Health in the Reorganization Order effective July 1, 1973.

I hereby delegate to the Director, National Institutes of Health, all authority delegated to me by the Secretary of Health, Education, and Welfare which pertains to the functions assigned to the National Institutes of Health by the Reorganization Order effective July 1, 1973.

These authorities may be redelegated.

Pending issuances of redelegations, all delegations or redelegations to any other officer or employee of any office, bureau, division, center or other organizational

unit which were in effect immediately prior to July 1, 1973, shall continue in effect in them or their successors.

This delegation becomes effective July 1, 1973.

Dated June 18, 1973.

CHARLES C. EDWARD,
Assistant Secretary for Health.

[FR Doc.73-13790 Filed 6-7-73; 8:45 am]

PUBLIC HEALTH SERVICE

Reorganization Order

Under the authority of section 6 of Reorganization Plan No. 1 of 1952 and section 2 of reorganization Plan No. 3 of 1966, and pursuant to the authorities vested in me as Secretary of Health, Education, and Welfare, I hereby order the reorganization of the Public Health Service which shall consist of five health agencies as hereinafter provided. The Health Services and Mental Health Administration is hereby abolished. Its functions shall be performed by three separate health agencies which are hereby established: the Center for Disease Control, the Health Resources Administration, and the Health Services Administration. There are hereby transferred: To the National Institutes of Health, the National Institute of Mental Health formerly a part of HSMHA; to the new Health Resources Administration the Bureau of Health Manpower Education formerly a part of the National Institutes of Health; to the Center for Disease Control the National Institute for Occupational Safety and Health, formerly a part of HSMHA. The lead-based paint poisoning and rat control functions formerly in the Bureau of Community Environmental Management, HSMHA will be performed by the Center for Disease Control.

SECTION 1. Organization. The Public Health Service shall consist of the Office of the Assistant Secretary for Health and the following health agencies:

- (1) Center for Disease Control;
- (2) Food and Drug Administration;
- (3) Health Resources Administration;
- (4) Health Services Administration;
- (5) National Institutes of Health.

The restructured Public Health Service shall be under the direction and control of the Assistant Secretary for Health, who shall also serve as the principal Health Officer of the Department and within the Office of the Secretary serves as principal advisor to the Secretary on all health matters.

FUNCTIONS AND RESPONSIBILITIES

Office of the Assistant Secretary for Health. The Assistant Secretary for Health shall be responsible for the direction and control of the functions herein assigned to the restructured Public Health Service. The Assistant Secretary for Health is also responsible for providing leadership and guidance for health-related activities throughout the Department and for maintaining relationships with other governmental and private agencies concerned with health.

Center for Disease Control. The Center for Disease Control shall be responsible for all of the functions presently assigned to it and to the National Institute for Occupational Safety and Health, as well as the functions for the prevention of lead-based paint poisoning, the rat control programs, and the Arctic Health Services Research Centers assigned to the former Bureau of Community Environmental Management.

The Center for Disease Control shall be headed by a Director, who reports to the Assistant Secretary for Health. The Center for Disease Control shall carry out its responsibilities through the following Office of the Director and the newly established bureau-level organizations which shall perform those functions formerly carried out by those organizations listed hereunder:

Office of Director
National Institute for Occupational Safety and Health
(All of the presently assigned functions)
Bureau of Epidemiology
Epidemiology Program
Bureau of Laboratories
Laboratory Division
Bureau of State Services
State and Community Services Division
Bureau of Community Environmental Management (only lead-based paint poisoning, rat control, and the Arctic Health Services Research Center functions)
Smallpox Eradication Program
(All of the presently assigned functions)
Training Program
(All of the presently assigned functions)
Tropical Disease Program
Malaria Program
National Clearinghouse for Smoking and Health
(All of the presently assigned functions)
Ecological Investigations Program
(All of the presently assigned functions)

Food and Drug Administration. The Food and Drug Administration shall be responsible for all of the functions presently assigned to the Food and Drug Administration. The Food and Drug Administration shall continue to be headed by a Commissioner who reports to the Assistant Secretary for Health.

Health Resources Administration. The Health Resources Administration shall be responsible for a monitoring, intelligence, assessment function on health status and the performance of the health delivery system, health services research and evaluation; development and testing of health delivery innovations, and development, testing and dissemination of methods for measuring and assuring the quality of health care; supporting recruitment and training of professional and non-professional personnel. Consistent with these functions the Health Resources Administration will be a primary source of technical and professional assistance to the Assistant Secretary for Health and to the Department of Health, Education, and Welfare in policy analysis and policy research.

The Health Resources Administration shall be headed by an Administrator who reports to the Assistant Secretary for Health. The Health Resources Administration shall carry out its responsibilities

through the following Office of the Administrator and the newly established bureau-level organizations which shall perform those functions formerly carried out by those organizational units listed thereunder:

Office of the Administrator
National Center for Health Statistics
National Center for Health Statistics
Bureau of Health Services Research and Evaluation
National Center for Health Services Research and Development
Regional Medical Programs Service
Bureau of Health Resources Development
Bureau of Health Manpower Education
Comprehensive Health Planning Service
Health Care Facilities Service
Office of Long-Term Care Services

Health Services Administration. The Health Services Administration shall be responsible for providing and financing the delivery of health services through grants, contracts, and direct delivery; for integrating service delivery programs with public and private health financing programs; for administering State formula grant-supported health service programs; and for assuring quality and containing costs of services provided through the public financing programs.

The Health Services Administration shall be headed by an Administrator, who reports to the Assistant Secretary for Health. The Health Services Administration shall carry out its responsibilities through the Office of the Administrator and the following newly established bureaus and services which shall perform those functions formerly carried out by those organizational units listed thereunder:

Office of the Administrator
Indian Health Service
 (All of the presently assigned functions)
Federal Health Programs Service
 (All of the presently assigned functions)
Bureau of Community Health Services
National Center for Family Planning Service
Maternal and Child Health Service
Community Health Service (except for the Office of Long-Term Care Services and the Division of Medical Care Standards)
National Health Service Corps
Health Maintenance Organization Service
Bureau of Quality Assurance
Division of Medical Care Standards

National Institutes of Health. The National Institutes of Health shall be responsible for all of the functions previously assigned to the National Institute of Mental Health as well as the functions presently assigned to the National Institutes of Health, including the National Library of Medicine, but excluding those functions previously assigned to the Bureau of Health Manpower Education.

The National Institutes of Health shall continue to be headed by a Director, who reports to the Assistant Secretary for Health.

SEC. 2. *Continuation of regulations.* Except as inconsistent with this Reorganization Order, all regulations, rules, orders, statements of policy, or interpretations with respect to the Public Health Service heretofore issued and in effect prior to the date of this Reorganization Order or to become effective subsequent to said date, are continued in full force and effect.

SEC. 3. *Prior statements of organization, functions, and delegations of authority.* To the extent inconsistent with this Reorganization Order all previous statements of organization, functions, and delegations of authority, as well as applicable present chapters of the Department's Organization Manual, are hereby superseded by this Reorganization Order, except that, pending further redelegations, respectively, by the Assistant Secretary for Health, the Assistant Secretary for Administration and Management, and the Assistant Secretary, Comptroller, all delegations to the Administrator of the former Health Services and Mental Health Administration are vested, for their respective organizational components, in the Director, Center for Disease Control; the Administrator, Health Resources Administration; the Administrator, Health Services Administration; and the Director, National Institutes of Health, with authority to redelegate, consistent with this Reorganization Order and the provisions of the respective delegation. All redelegations made by the Administrator of the former Health Services and Mental Health Administration or the Director, National Institutes of Health, to any other officer or employee of any office, institute, bureau, division, center, regional office, or other organizational unit in effect immediately prior to the effective date of this Reorganization Order shall continue in effect in them or their successors pending further redelegation.

SEC. 4. *Redelegations of authority.* The authorities delegated, respectively, to the Assistant Secretary for Health, the Assistant Secretary for Administration and Management, and the Assistant Secretary, Comptroller, may be redelegated as deemed appropriate. Such redelegations may be successively redelegated, except as any delegation may be explicitly limited.

SEC. 5. *Funds, personnel, and equipment.* Transfer of organizations and functions effected by this Reorganization Order shall be accompanied in each instance by direct and supporting funds, positions, personnel, records, equipment, supplies, and other resources.

Effective date. This reorganization Order shall be effective July 1, 1973.

FRANK CARLUCCI,
Acting Secretary.

JUNE 29, 1973.

[FR Doc. 73-13788 Filed 7-6-73; 8:45 am]

B. THE CENTER FOR DISEASE CONTROL

CENTER FOR DISEASE CONTROL
Organization, Functions, and Delegations of
Authority

This amendment to the Statement of Organization, Functions, and Delegations of Authority for the Department of Health, Education, and Welfare, reflects the implementation of the Reorganization Order, effective July 1, 1973, signed by Acting Secretary Frank Carlucci (38 FR 18261, July 9, 1973), with respect to the organization of the Center for Disease Control as an operating health agency of the Department. There is hereby established a new Part 9, Center for Disease Control, as set forth below. Those provisions in the former Part 9, National Institutes of Health, are hereby redesignated as a new Part 8. Those provisions in the former Part 8, Social Security Administration, are hereby redesignated as a new Part 4.

SECTION 9-A Mission. The Center for Disease Control (9000) provides leadership and direction to programs and activities designed to improve the health of the people of the United States by preventing or controlling diseases, improving laboratory performance, and assuring safe and healthful working conditions for all working people.

To these ends, the Center for Disease Control: (1) Maintains active surveillance of diseases through epidemiologic and laboratory investigations and the collection, analysis, and distribution of data related to preventable diseases and

conditions; (2) undertakes measures designed to prevent the importation or spread of communicable diseases from foreign countries into the United States or its territories; (3) provides assistance in the control and prevention of diseases, including environmentally induced human health problems; and provides epidemic aid to States and communities upon the request of appropriate health authorities; (4) maintains surveillance of the immunization status of the population; (5) develops through investigations, studies, and research, new or improved standards and methods for the diagnosis, treatment, prevention, or control of communicable and vector-borne diseases and other preventable conditions; and upgrades the performance of health workers engaged in prevention and control activities; (6) conducts a national program for improving the performance of clinical laboratories; (7) administers a nationwide program of professional and public information and education in the field of smoking and health; (8) administers a national program to develop and establish recommended occupational safety and health standards to assure safe and healthful working conditions for every working person; (9) provides consultation to, and participates with, other nations and international agencies in the eradication or control of communicable diseases and other preventable conditions.

Sec. 9-B *Organization and Functions.* The Center for Disease Control (9000) is administered by the Director of the Center, who is responsible to the Assistant Secretary for Health. The agency consists of the following staff offices and major components, with functions as indicated:

OFFICE OF THE DIRECTOR (9A00)

Provides leadership and direction to programs and activities of the Center for Disease Control.

Office of the Center Director (9A01). (1) Manages and directs the activities of the Center; (2) provides leadership for the implementation of the Center's responsibilities related to the prevention and control of communicable and vector-borne diseases and other preventable conditions; (3) advises the Assistant Secretary for Health on policy matters concerning Center activities; (4) provides liaison, through the Center's Washington office, with other governmental agencies and outside groups; (5) in cooperation with the Public Health Service (PHS) Regional Offices provides or obtains technical assistance for State and local health departments and private and official agencies, as needed; (6) plans, develops, and coordinates an ongoing program to assure equal employment opportunities in the Center; (7) under the direction of the Executive Officer, provides leadership, coordination, and assessment of the Center's administrative management activities; (8) carries out facilities planning functions of the Center, and maintains liaison with the Division of Health Facilities Planning, Office of the Assistant Secretary for Health, and the Office of Facilities Engineering

and Property Management, Office of the Secretary; (9) serves as the focal point on matters relating to regionalization; maintains liaison with the Office of Regional Operations, Office of the Assistant Secretary for Health; and provides technical leadership and guidance to regional personnel on preventive health activities; (10) participates in the development of the Center's goals and objectives.

Office of Biosafety (9A09). (1) Develops and implements a Centerwide program for the control of biological, chemical, and physical hazards for the protection of Center employees and the surrounding community; (2) issues permits for importation and distribution of etiologic agents and vectors, and regulates packaging of etiologic agents in interstate commerce; (3) plans, directs, and coordinates laboratory, environmental, and industrial safety programs at all CDC facilities.

Office of Information (9A11). (1) Plans, organizes, and administers the Center's public information program consistent with policy direction established by ASPA; (2) maintains liaison with appropriate officials of the PHS and official and voluntary health agencies to coordinate information programs of mutual interest and concern; (3) provides a mechanism for review/clearance of informational materials; (4) utilizes existing resources in disseminating.

Office of International Services (9A13). (1) Plans, organizes, and administers programs of specialized experience for foreign health workers; (2) provides for the reception and orientation of foreign visitors to the Center; (3) designs, develops, and implements seminar services on current international health affairs for Center staff; (4) coordinates the Special Foreign Currency Program (P.L. 480 activities overseas); (5) maintains liaison with the Office of International Health, Office of the Assistant Secretary for Health; and with other organizations concerned with international health.

Office of Program Planning and Evaluation (9A15). (1) Develops the Center's multi-year program plans for input into the overall plans of the Office of the Assistant Secretary for Health and the DHEW; (2) implements the Department's Operational Planning System within CDC; (3) evaluates the Center's progress toward program goals and objectives, and coordinates evaluation efforts; (4) conducts continuing studies and analyses of major program activities; (5) develops and maintains a Center-wide program information system; (6) analyzes major health care programs and proposed legislation with respect to the Center's program goals and objectives.

Office of Administrative Management (9A19). Under the direction of the Executive Officer: (1) Assists and advises in the development, coordination, direction, and assessment of management activities throughout the Center and assures consideration of management implications in program decisions; (2) conducts the Center's activities in the

areas of financial management, personnel management, management analysis, computer systems, engineering services, general services, procurement and material management, publications management, library, legislation reference, and other delegated authorities as may be assigned; (3) provides technical leadership and guidance to management services performed at field stations and evaluates technical performance; (4) maintains liaison with officials of the Office of the Assistant Secretary for Health and the Office of the Secretary on management matters; (5) provides financial data and systems development in support of overall planning and budgeting systems; (6) participates in the development of the Center's goals and objectives.

General Services Office (9A1902). (1) Provides general services to meet the operational needs of the Center, including space planning, communications, mail, printing and reproduction, distribution, and real property management; (2) develops and implements policies and procedures in these areas; (3) maintains liaison with DHEW, GSA, the Government Printing Office, and other government and private agencies.

Computer Systems Office (9A1903). (1) Evaluates, develops, and implements scientific and business data processing applications required to meet Center needs; (2) evaluates and recommends selection of suitable data processing equipment and services, and determines the need and extent to which new developments within this field can be used to better accomplish Center objectives; (3) conducts and coordinates overall and special studies of the Center's technical and management data processing systems; (4) operates electric accounting machine and electronic data processing equipment to produce reports and information.

Engineering Services Office (9A1904). (1) Operates, maintains, repairs, and modifies the Center's Atlantic area plant facilities, and conducts a maintenance and repair program for the Center's program support equipment; (2) develops services for new, improved, and modified equipment to meet program needs; (3) maintains physical security for the Chamblee and Lawrenceville facilities; (4) provides technical assistance for and reviews maintenance and operation programs of field installations and recommends appropriate action; (5) provides engineering advice and consultation on new or expanded facilities; (6) collaborates with facilities planning officials in developing plans for a major repair and improvement program that includes plans, design, and specifications; (7) provides guidance on repairs which are done by contract, and administers repair and improvement projects done by the Center staff.

Financial Management Office (9A1905). (1) Provides leadership and coordination in the development and administration of the Center's financial management policies; (2) develops

budget submissions for the Center; (3) collaborates with the Center's Office of Program Planning and Evaluation in the development and implementation of long range program and financing plans; (4) participates in budget reviews and hearings; (5) manages the Center's system of internal budgetary planning and control of funds; (6) develops and implements Center-wide budgetary, accounting, and fiscal systems and procedures; (7) provides accounting and auditing services; (8) develops, coordinates, and implements the cost advisory activities for the Center; (9) prepares financial reports; (10) serves as focal point for domestic and international travel authorization policy and procedures; (11) provides legislation reference services; (12) maintains liaison with the Office of the Assistant Secretary for Health, the Office of the Secretary, and other Government organizations on financial management matters.

CDC Library (9A1906). (1) Maintains a technical reference library of books, journals, and pamphlets for use of headquarters and field staff; (2) furnishes loan, reference, bibliographic, and translation services; (3) maintains a Union Catalog and publishes periodically a list of recent acquisitions, current journals, and translations.

Management Analysis Office (9A1907). (1) Conducts a continuing analysis program of the Center's organization, delineation of functions and responsibilities, use of delegations of authority, and administrative management policy, procedures, methods, and techniques; (2) conducts, serves as the focal point for, and assists with studies, surveys, and appraisal or evaluation reviews; (3) develops, maintains, and operates paperwork management programs, including records, reports, forms, and correspondence; (4) administers security and committee management programs; (5) operates a system for the control and release of issuances concerned with administrative management matters; (6) organizes and presents training courses for Center personnel in records, correspondence, issuances, forms, and security.

Personnel Management Office (9A1908). (1) Conducts and coordinates personnel management for the Center's civil service and Commissioned Corps personnel and for the Center's fellowship program; (2) provides personnel management services for employees assigned or detailed overseas; (3) coordinates and directs the planned assistance program of personnel management assistance to supervisors; (4) develops and issues procedures, conducts staffing, position classification, pay administration, performance evaluation, employee training and development, and employee relations and services programs; (5) coordinates and conducts a position management program; (6) maintains personnel records and reports, and processes personnel actions and documents; (7) administers the Federal life and health insurance plans and employee recognition and incentives program; (8) furnishes advice and assistance in the processing of Bu-

reau of Employees' Compensation claims; (9) advises and assists Center officials and employees in all areas of personnel management.

Procurement and Materiel Management Office (9A1909). (1) Plans and directs the procurement of research and development, technical services, equipment and supplies; personal property; transportation; and warehousing; (2) develops and implements policies and procedures in these areas; (3) maintains liaison with DHEW, GSA, other Federal agencies, and private organizations.

NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH (9C00)

Plans, directs, and coordinates the national program effort to develop and establish recommended occupational safety and health standards and to conduct research, training, and related activities to assure safe and healthful working conditions for every working man and woman. Specifically: (1) Administers research in the field of occupational safety and health, including the psychological factors involved; (2) develops innovative methods and approaches for dealing with occupational safety and health problems; (3) provides medical criteria which will ensure, insofar as practicable, that no employee will suffer diminished health, functional capacity, or life expectancy as a result of his work experience, with emphasis on ways to discover latent disease, establishing causal relationship between diseases and work conditions; (4) serves as a principal focus for training programs to increase the number and competence of personnel engaged in the practice and occupational safety and health; (5) develops and coordinates the appropriate reporting procedures which assist in accurately describing the nature of the national occupational safety and health problems; (6) consults with the U.S. Department of Labor, other Federal agencies; and, in cooperation with the PHS Regional Offices, State and local government agencies; industry and employee organizations; and other appropriate individuals, institutes, and organizations with regard to promotion of occupational safety and health.

Office of the Director (9C01). (1) Plan, directs, and coordinates, and evaluates the operations of the Institute; (2) maintains liaison with, and provides advice and assistance to, the U.S. Department of Labor, the U.S. Department of the Interior, other Federal agencies, State and local government agencies; international health organizations, and outside groups; (3) provides coordination with the Federal Health Programs Service's occupational health activities for Federal employees; (4) provides policy guidance and coordination to occupational safety and health activities in the PHS Regional Offices.

Office of Technical Publications (9C16). (1) Coordinates the development, publication, and distribution of various technical report series, documents, and instructional materials, such as fact sheets, technical bulletins, and

abstracts; (2) coordinates the exchange of technical developments and research results within and outside the Institute; (3) provides audiovisual services for the Institute; (4) coordinates all technical and non-technical public inquiries for the Institute.

Office of Extramural Activities (9C18).

(1) Advises the Institute Director on matters relating to the development and progress of Institute-supported external research; (2) in cooperation with the offices and operating divisions of the Institute, stimulates research, training, and demonstration grants in relevant priority areas; (3) administers the management aspects of the Institute's grants programs by receiving, reviewing, analyzing, and evaluating all grant applications.

Office of Administrative Management (9C19). (1) Provides management information, advice, and guidance to the Institute Director; (2) coordinates all management activities in the conduct of finance, personnel, and procurement functions; (3) relates administrative management activities to programs; (4) develops necessary policies, procedures, and operations, and provides such special reports and studies as may be required in the management area; (5) maintains liaison with the Executive Officer and other Staff Service officials of the Center.

Office of Planning and Resource Management (9C21). (1) Plans and coordinates the strategy and philosophy of operation of the Institute regarding mission and objectives; (2) conducts or participates in special studies for program planning and evaluation; (3) conducts the necessary control functions to assure operational compliance toward program objectives within the Institute; (4) provides management systems consultation and analyses.

Office of Research and Standards Development (9C23). (1) Reviews existing scientific criteria for health and safety standards and assesses through priority systems the needs for additional research program areas for criteria development; (2) coordinates and maintains an overview of research activities in the operating divisions of the Institute with the ultimate aim toward finalization of criteria and standards.

Office of Manpower Development (9C25). (1) Provides policy guidance and evaluates the Institute's manpower development and training activities; (2) advises the Institute Director on national health manpower needs related to occupational safety and health, and relates to other Federal agencies regarding occupational safety and health manpower needs; (3) conducts equal employment opportunity activities of the Institute.

Office of Occupational Health Surveillance and Biometrics (9C27). (1) Operates as the principal statistical and data research unit in the Institute; (2) monitors new as well as existing occupational hazards, and maintains surveillance on the incidence of occupational illness and disease; (3) in coordination with the U.S. Department of Labor, establishes a priority list for the conduct of

research and the development of standards; (4) develops and conducts record studies of work population groups to determine the national trends and problem areas related to job health and safety, and provides health policy guidance in epidemiology; (5) coordinates the Institute's electronic data processing requirements to ensure that adequate computer facilities and services are available.

Division of Laboratories and Criteria Development (9C43). (1) Develops criteria for standards for the control of chemical, biological, and physical hazards to the health and safety of the working population, and initiates standard methodology and instrumentation for the detection, evaluation, and control of such hazards; (2) evaluates the toxicity, health, and safety hazards of industrial substances, processes, and other agents, as well as current research requirements and regulations; (3) conducts methodology studies for evaluating the varying capacity of workers to withstand physical and psychological responses; (4) provides for equipment development, analytical service, and calibration needs of other operating divisions within the Institute, and maintains an analytical and calibrations service for the U.S. Department of Labor; (5) evaluates and certifies the performance of safety and health equipment.

Division of Field Studies and Clinical Investigations (9C47). (1) Conducts nationwide studies, surveys, and comprehensive analyses to determine the health status of the working population, including the incidence and prevalence of disease and injury; (2) initiates studies to determine chronic and long-term effects of work-related exposures to toxic and hazardous substances.

Division of Technical Services (9C53). (1) Provides demonstrations, technical assistance, and consultation to public and private agencies responsible for the control of occupational diseases and accidental work injuries; (2) through the PHS Regional Offices serves as the focal point for the review of State plans and grants with the U.S. Department of Labor and makes the initial responses to requests for hazards evaluations; (3) in cooperation with the Office of Extramural Activities, stimulates, programs, and monitors demonstration grants for new and innovative methods of recognizing, evaluating, and controlling occupational hazards; (4) prepares manuals of good practice for safe work procedures; (5) operates the technical information inquiry service of the Institute.

Division of Occupational Health Programs (9C57). (1) Promotes occupational health programs at the State and local governmental levels as well as in industry and agriculture; (2) provides technical guidance in the development of occupational health programs; (3) correlates the practice of occupational medicine in industry with the total delivery of health services.

Division of Training (9C63). (1) Develops and plans short-term training ac-

tivities for Federal, State, and local governments, industry, and other appropriate organizations in the field of occupational safety and health; (2) conducts such short-term training.

Appalachian Laboratory for Occupational Respiratory Diseases (9C67). (1) Conducts studies of the incidence and prevalence of occupational respiratory diseases in specific work groups with particular emphasis on coal workers' pneumoconiosis; (2) provides medical and engineering research and service to fulfill the Institute's responsibilities under the Federal Coal Mine Health and Safety Act of 1969.

BUREAU OF EPIDEMIOLOGY (9E00)

(1) Maintains surveillance over communicable diseases and certain preventable conditions of national importance, and develops programs of international surveillance in collaboration with the Office of International Health, Agency for International Development, the Department of Defense, the Department of State, the World Health Organization, and the Pan American Health Organization; (2) plans, directs, and conducts the national quarantine program which enforces quarantine regulations to protect the United States against the introduction of diseases from foreign countries; (3) implements the provisions of the International Health Regulations; (4) collaborates with the health administrations of foreign countries in implementing the International Health Regulations; (5) investigates special disease problems and recommends control measures; (6) participates in the evaluation of experimental vaccines and immunizing agents and procedures; (7) provides epidemic aid and epidemiological services and consultation to States, Federal agencies, foreign countries, and other private and public recipients; (8) collaborates with the Food and Drug Administration, National Institutes of Health, Health Services Administration, Health Resources Administration, and other Federal agencies in areas of mutual program interest; (9) recruits and trains public health epidemiologists; (10) collects, analyzes, and publishes reports of morbidity and mortality statistical data; (11) serves as the WHO Regional Reference Laboratory for Rabies in the Americas; (12) provides consultation and technical assistance to regional personnel on surveillance and epidemiologic matters.

Office of the Director (9E01). (1) Plans, directs, and coordinates activities of the Bureau; (2) advises on the enforcement of medical aspects of international quarantine regulations; (3) provides epidemiological consultation to other components of the Center, other Federal and State agencies, and health related international organizations; (4) conducts surveillance and epidemiologic studies of prevalent diseases in Alaskan communities; (5) provides Bureau-wide services for scientific and technical publications and training aids, and is responsible for the *Morbidity and Mortality Weekly Report* and various surveillance reports; (6) develops administrative pol-

icies, procedures, Bureau plans, and other services to meet Bureau needs; (7) provides administrative and logistical support, and serves as liaison with the administrative staff in the Office of the Center Director; (8) recruits, trains, and assigns epidemiologists to programs of the Center; maintains liaison with medical schools, teaching hospitals, and other sources of recruitment for epidemiologists.

Bacterial Diseases Division (9E41). (1) Conducts surveillance programs and investigations of bacterial diseases, including bacterial zoonoses; (2) provides epidemic aid and epidemiological consultation, upon request, to State and local health departments, other Federal agencies, and international organizations; (3) conducts investigations on the application of biological and physical techniques in disease control, including studies on the relation of the environment to the transmission of diseases, particularly in institutions; (4) provides laboratory support required for investigations of epidemics, including mobile teams to staff field laboratories.

Cancer and Birth Defects Division (9E43). (1) Develops and maintains systems of case surveillance concerning cancer, birth defects, and related disorders in cooperation with the National Cancer Institute and the National Institute of Child Health and Human Development; (2) conducts epidemiologic investigations when indicated in field situations concerning unusual local occurrences of cancer and/or birth defects; (3) conducts epidemiologic research, often in collaboration with other public health agencies at Federal and State levels, concerning etiologic questions in oncogenesis and teratogenesis, especially as related to possible infectious disease etiology; (4) provides consultation as requested within and outside the United States concerning the epidemiology of cancer and birth defects.

Family Planning Evaluation Division (9E47). (1) Conducts epidemiologic surveillance of family planning services in specified demonstration areas, and provides on-site assistance with demonstration projects in conjunction with the Office of Population Affairs, Office of the Assistant Secretary for Health; and the Health Services Administration; (2) evaluates demographic changes in populations served by family planning programs; (3) conducts surveys to evaluate family planning programs and to measure fertility changes; (4) conducts abortion surveillance in conjunction with the Health Resources Administration; (5) conducts epidemiologic studies of contraceptive complications; (6) provides technical assistance in family planning evaluation.

Field Services Division (9E49). (1) Maintains field services for the surveillance of diseases of national importance through the assignment of medical and veterinary epidemiologists to State and local health departments; (2) conducts investigations and surveillance of measles, rubella, and mumps; (3) provides epidemic aid and consultation to States

in infectious disease control; (4) in collaboration with the Bureau of State Service, perform intensive surveillance and individual case investigations of vaccine reactions and failures in anticipation of vaccine licensure and use.

Parasitic Diseases and Veterinary Public Health Division (9E51). (1) Conducts surveillance and investigations of parasitic and zoonotic diseases; (2) provides consultation on parasitic diseases and veterinary public health to State and local health departments, other Federal agencies, medical centers, and research institutes in the United States and abroad; (3) provides veterinary assistance, in cooperation with the Pan American Health Organization in dealing with health problems of the U.S.-Mexico Border; (4) provides anti-parasitic chemotherapeutic agents that are investigational new drugs (under agreement with the Food and Drug Administration) or difficult to obtain in the United States to tropical disease specialists, parasitologists, and other medical specialists.

Phoenix Laboratories Division (9E53). (1) Conducts clinical, field, and laboratory investigations of selected diseases with primary emphasis on hepatitis; (2) develops and evaluates methods for diagnosis, prevention, and control of these diseases; (3) consults, collaborates, and maintains liaison with Federal, State, local, and other agencies on technical developments related to hepatitis; (4) as a field extension of the Bureau of Epidemiology in the Southern United States and on the U.S.-Mexico Border, provides contact and furnishes epidemic aid and other assistance to State and local health departments in the geographic area.

Quarantine Division (9F55). (1) Administers a national quarantine program to protect the United States against the introduction of disease from foreign countries; (2) administers an overseas program for the medical examination of immigrants and others with excludable health conditions that would impose an economic burden on public health and hospital facilities; (3) maintains liaison with and provides information on quarantine matters to other Federal governmental agencies, State and local health departments, and interested industries; (4) provides liaison with international health organizations, such as the Pan American Health Organization and the World Health Organization, and participates in the development of international agreements affecting quarantine; (5) conducts studies to provide new information about health hazards abroad, measures for their prevention, and the potential threat of disease introduction into the United States; (6) provides logistic support to other programs of the Center in the distribution of requested biologicals.

Viral Diseases Division (9E57). (1) Conducts surveillance programs and investigations of viral diseases, including viral zoonoses; (2) provides epidemic aid and epidemiological consultation, upon request, to State and local health

departments, other Federal agencies, and international organizations; (3) conducts field and laboratory research studies in developing prophylactic agents and diagnostic tests and performing ecological investigations for the control of rabies; (4) serves as the WHO Regional Reference Center for Rabies in the Americas.

BUREAU OF LABORATORIES (9G00)

(1) Administers a comprehensive national laboratory improvement program; (2) conducts research for improving laboratory methodology; (3) conducts and coordinates a program to standardize clinical laboratory methods and materials; (4) evaluates techniques, materials, and reagents used in public health laboratories; (5) provides reference and typing center services related to clinical laboratory procedures for national and international organizations; (6) directs and conducts the administration of the licensure and evaluation of clinical laboratories engaged in interstate commerce under the authority and provisions of the Clinical Laboratories Improvement Act of 1967; (7) develops diagnostic products specifications and evaluates commercial products; (8) produces and distributes microbiological reference and working reagents not commercially available or of unreliable supply; (9) provides consultation, training, and informational services in laboratory techniques and laboratory management to States and other recipients; (10) distributes experimental vaccines and special immune globulins to prevent and control laboratory infections; (11) provides consultation, laboratory services, and epidemic aid in the area of vectorborne infections to State, Federal, and international agencies.

Office of the Director (9G01). (1) Provides leadership and guidance on policy and program planning and development, and program management and operations; (2) manages a comprehensive nationwide program for improving medical laboratory services; (3) provides coordination and liaison relating to Bureau activities which serve as national and international reference centers and various national groups and the World Health Organization; (4) provides coordination for other international activities of the Bureau; (5) coordinates the activities of the Bureau that provide technical support to the Food and Drug Administration program for regulation of diagnostic products; (6) supports the research and other programs of the Bureau through assistance in experimental design, statistical analyses, quality control, and technical editing service.

Bacteriology Division (9G41). (1) Provides reference laboratory diagnostic services and consultation to State and Federal agencies in medical and public health bacteriology and immunology; (2) serves as a laboratory referee for proficiency testing programs; (3) provides leadership for upgrading bacteriological services in public health and clinical laboratories; (4) collaborates with other components of the Center and with

national and international health agencies and academic institutions in providing training, consultation, and epidemic aid in the laboratory aspects of bacterial or other related diseases; (5) serves as designated national, regional, and international reference centers; (6) conducts research to develop means of diagnosing infectious diseases; (7) conducts, promotes, and supports in-house and field evaluations of new techniques for public health and clinical laboratory use; (8) investigates and defines the relationship of bacteria and host responses to the disease process; (9) plans, directs, and coordinates proficiency testing and evaluation programs in syphilis serology; (10) maintains standard tuberculin and other sensitins and a treponemal bank of pathogenic and non-pathogenic treponemes.

Biological Products Division (9G43).

(1) Develops guidelines for the production and utilization of microbiological reagents used as diagnostic aids; (2) produces, evaluates, and distributes experimental vaccine, antiserum, and antitoxins, skin test antigens, and immune serum globulins to control and prevent laboratory infections and to protect the community; (3) develops products specifications, and evaluates commercially prepared biological reagents; (4) conducts research on biological reagent production.

Clinical Chemistry Division (9G45).

(1) Conducts and coordinates national and international programs to improve and standardize biochemical and immunochromatological diagnostic procedures for the prevention and control of disease; (2) develops and evaluates tests for detecting disease; (3) collaborates with and supports national and international laboratory improvement and standardization programs in clinical chemistry and toxicology; (4) evaluates techniques, materials, reagents and devices used in health laboratories; (5) furnishes laboratory services and consultation to, and conducts joint programs with, other components of the Center and the Department; (6) collaborates in laboratory training and evaluation, and provides support to State and other public health laboratories for improvement and standardization of public health and clinical laboratory procedures; (7) serves as the WHO International Reference Center for Lipid Determination in Cardiovascular Research, and conducts other collaborative standardization programs with the World Health Organization.

Hematology Division (9G49).

(1) Plans, conducts, and coordinates national and international programs for improvement and standardization of laboratory procedures in clinical hematology and immunohematology for the prevention and control of disease; (2) investigates, develops, and evaluates methods, standards, reagents, blood reference materials, instruments, and automated systems in diagnostic hematology; (3) provides reference analyses for selected hematologic determinations, and conducts joint programs and investigations in clinical and

laboratory hematology with other components of the Center, the Department, and national and international health agencies; (4) conducts or collaborates in hematology proficiency testing programs; (5) provides consultation and training in laboratory procedures to State and other public health laboratories for improvement and standardization of public health and clinical laboratory procedures; (6) serves as the International Standardization Laboratory for Hemoglobinopathies and Coagulation, and conducts other collaborative standardization programs with the World Health Organization; (7) serves as the National Hematology Standardization Laboratory for the initiation, evaluation, and development of national standards.

Laboratory Training and Consultation Division (9G53). (1) Administers a national laboratory training and consultation program directed primarily to State public health and other health laboratories; (2) conducts laboratory management reviews, and provides consultation to local, State, and Federal health laboratories; (3) coordinates the Center's health laboratory manpower development program.

Licensure and Proficiency Testing Division (9G55). (1) Plans and conducts a national laboratory licensure program; (2) evaluates and licenses clinical laboratories engaged in interstate commerce, as provided for in the Clinical Laboratories Improvement Act (CLIA) of 1967, insures compliance by licensees with standards promulgated, and issues letters of exemption, as appropriate; (3) develops and recommends regulations, criteria, and standards of laboratory licensure; (4) collaborates with the General Counsel's office in the development and revision of legislation and regulations relating to proficiency testing and licensure of laboratories engaged in interstate commerce; (5) evaluates the proficiency testing and examination programs offered by States, professional organizations, local public agencies, and non-profit private organizations to determine their suitability for use in lieu of the program administered under the authority of the CLIA; (6) administers a proficiency testing program for clinical laboratories licensed under the Act, Federal laboratories, and State and local public health laboratories; (7) provides referee testing service for intrastate proficiency testing programs; (8) works with State and professional organizations in developing laboratory improvement programs, and develops prototype systems for use in implementing these programs; (9) collaborates with other programs of the Center in providing training and consultation; (10) insures that laboratories do not engage in interstate commerce unless licensed or exempted in accordance with the provisions of the CLIA.

Mycology Division (9G57). (1) Provides medical mycological reference laboratory services to Federal and State agencies for the diagnosis of actinomycotic and fungal diseases; (2) serves as the National Center for Fungal Serology; (3) conducts applied research studies for

the development and evaluation of more rapid and reliable laboratory procedures for the diagnosis of mycotic diseases; (4) plans and conducts ecologic, epidemiological, and taxonomic, and therapeutic studies of fungus diseases and their etiologic agents; (5) collaborates with other components of the Center and with Federal, State, national and international health organizations to provide training, consultation, and assistance in inter- and intrastate proficiency testing programs and epidemic aid in the laboratory aspects of actinomycotic and fungus diseases.

Parasitology Division (9G59). (1) Serves as a national reference laboratory center for parasitic diseases and as a laboratory referee for performance evaluation programs; (2) conducts methodology research to develop more rapid and accurate laboratory means of diagnosing parasitic diseases; (3) provides leadership for upgrading parasitology services in public health and clinical laboratories; (4) plans and conducts laboratory epidemiologic and immunologic studies of parasitic diseases; (5) collaborates with other Center activities and with State, national, and international health agencies in providing training, consultation, and epidemic aid in the laboratory aspects of parasitic infections.

Pathology Division (9G61). (1) Conducts or participates in national and regional programs for evaluation and improvement of histopathological, cytopathological, genetic, and immunopathological diagnostic procedures; (2) maintains a national repository of histochemical control material; and develops, adapts, and evaluates histochemical and ancillary procedures; (3) conducts experiments for development of quality control methods in cytopathology; (4) provides tissue-processing service to Center epidemiologists and laboratory investigators, and provides reference diagnostic and technical consultation to the Center and other health personnel; (5) trains individuals in tissue processing, cytogenetics, and electron microscopic techniques, and provides practical and theoretical instruction in histology, pathology, and genetics; (6) conducts research for development of new immunological, histological, and cytological techniques for the study of existing problems and for the application of available capabilities to emerging problems; (7) advises and supports the interstate licensure and performance evaluation activity of the Bureau of Laboratories in histopathology and cytology.

Scientific Services Division (9G63). (1) Directs and administers a program of providing animals, glassware, media, reagents, and other services in support of research and service activities of the Bureau of Laboratories and other programs of the Center; (2) manages data and specimen handling of specimens received at the Center for reference diagnosis; (3) maintains a bank of serum specimens of epidemiological, clinical, or research interest; (4) provides consultation and participates in training activities of the Center.

Vector-Borne Diseases Division (9G65). (1) Provides consultation, laboratory services, and epidemic aid in the area of arthropod-borne infections to State, Federal, and international agencies; (2) studies and evaluates the mechanisms of maintenance and dissemination of arthropod-borne, viral, bacterial, parasitic, and rickettsial diseases as a basis for control and prevention of infection in man; (3) develops and applies new techniques for the study and control of arthropod-borne diseases; (4) trains technical and professional personnel in field and laboratory approaches to investigation of arthropod-borne disease problems; (5) serves as the World Health Organization's Arthropod-Borne Virus Regional Reference Laboratory for the Americas.

Virology Division (9G67). (1) Provides reference laboratory diagnostic services, consultation, collaborative investigation, and epidemic aid in the areas of viral and rickettsial diseases to State and Federal agencies; (2) conducts methodology research to develop laboratory diagnostic tests for viral diseases; (3) provides leadership for upgrading diagnostic services in public health and other laboratories; (4) evaluates and defines the relationships of viruses and viral antibodies to disease processes; (5) collaborates with other Center activities and with State, national, and international health agencies in defining viral disease problems and in providing training in the laboratory aspects of these diseases; (6) serves as designated regional and international reference centers.

BUREAU OF STATE SERVICES (9J00)

(1) Plans, directs, and coordinates a national program for the prevention, control, or eventual eradication of serious diseases, such as gonorrhea, measles, poliomyelitis, rubella, syphilis, and tuberculosis, for which specific preventive measures are available; (2) administers intramural and extramural programs for the control, or eventual eradication, of preventable conditions, and for the control of environmentally induced human health problems; (3) conducts research relative to health problems of concern to the Bureau; (4) provides assistance in analyzing the influence of various factors such as socioeconomic status, nutritional status, and demographic characteristics on the incidence and severity of preventable diseases; (5) cooperates with PHS Regional Office staff in the provision of assistance and services to State and local health agencies, particularly with respect to grant supported disease control programs; (6) provides technical assistance to, and maintains liaison with, other U.S. Government agencies, State and local health agencies, international and national organizations, and industry.

Office of the Director (9J01). (1) Manages the activities of the Bureau; (2) provides leadership in policy formulation, coordination, and conduct of the Bureau's activities; and, in cooperation with the Regional Offices, assists State and local governments and community groups in carrying out nationwide dis-

ease control programs; (3) recruits and, in cooperation with PHS Regional Offices, coordinates the assignments, and provides career development to State and local assignees; (4) formulates, plans, conducts, and participates in studies to improve effectiveness and efficiency of individual and group participation; (5) provides assistance in the analysis and planning for preventive services; (6) provides assistance in the analysis and evaluation of the relationship of malnutrition to infectious diseases and other preventable conditions; (7) provides administrative, fiscal, and technical information services to the Bureau.

Environmental Health Services Division (9J41). (1) Conducts research, investigations, demonstrations, and programs directed toward the control of environmentally induced human health problems; (2) assists States and local governments in the development of manpower, training programs, and other services to deal with preventable conditions, such as rodent control activities and prevention of lead poisoning in children; (3) maintains liaison with, and provides advice and assistance to, other Federal agencies, such as the Department of Housing and Urban Development and the Department of the Interior, and to international health organizations and other outside groups on human health problems associated with environmental factors; (4) serves as the focal point in the Bureau for epidemiological information and statistical data on environmental hazards to human health; (5) develops and recommends criteria and standards to be used in program planning and evaluation of environmental health services.

Immunization Division (9J45). (1) Provides consultation, training, statistical, promotional, educational, epidemiological, and other technical services to assist and stimulate State and local health departments in the planning, development, implementation, and overall improvement of programs for the prevention, control, and eventual eradication of serious diseases for which effective immunizing agents are available; (2) supports a nationwide framework for effective surveillance of diseases for which effective immunizing agents are available; (3) develops improved immunization techniques and methods; (4) provides technical supervision to State and local assignees in cooperation with PHS Regional Offices.

Tuberculosis Control Division (9J49). (1) Administers research and operational programs for the prevention and control of tuberculosis and other respiratory diseases; (2) provides consultation, training, statistical, promotional, educational, epidemiological, and other technical services to assist and stimulate State and local health departments in the planning, development, implementation, and overall improvement of tuberculosis control programs; (3) supports a nationwide framework for effective surveillance of tuberculosis; (4) provides technical supervision to State and local assignees in cooperation with PHS Regional Offices.

Venereal Disease Control Division (9J51). (1) Administers research and operational programs for the prevention and control of syphilis, gonorrhea, and other venereal diseases; (2) provides consultation, training, statistical, promotional, educational, epidemiological, and other technical services to assist and stimulate State and local health departments in the planning, development, implementation, and overall improvement of venereal disease control programs; (3) supports a nationwide framework for effective surveillance of venereal diseases; (4) provides technical supervision to State and local assignees in cooperation with PHS Regional Offices.

BUREAU OF SMALLPOX ERADICATION (9M00)

(1) Directs and coordinates the surveillance of smallpox and smallpox vaccinations within the United States, including consultative assistance to the States on suspect smallpox cases and continuing assessment of smallpox vaccine reactions; (2) provides overall consultation, direction, coordination, and management for the United States' participation in the worldwide program for eradication of smallpox; (3) works with other government agencies and with other countries and international agencies to develop public health programs based on techniques and methodologies developed in smallpox eradication activities.

Office of the Director (9M01). (1) Plans, directs, and coordinates the overall activities of the Bureau of Smallpox Eradication; (2) participates and maintains liaison with national and international agencies in the eradication or control of smallpox and other preventable diseases.

Operations Division (9M45). (1) Directs and coordinates smallpox and vaccination surveillance within the United States, including consultative assistance to the States on suspect smallpox cases and continuing assessment of smallpox vaccine reactions; (2) directs, coordinates, and manages U.S. participation in the global smallpox eradication program. When feasible, provides similar services for other international immunization programs; (3) directs and coordinates, in conjunction with the Agency for International Development, disease and demography cluster sample survey.

Research and Development Division (9M49). (1) Develops, field tests, and makes recommendations on adoption of new and improved procedures to assist developing countries in improving their public health programs; (2) plans, conducts, and evaluates research activities in various aspects of disease control for immunization programs.

BUREAU OF TRAINING (9N00)

(1) Conducts a program to update and improve the performance of practicing health professionals in the methods and techniques of disease prevention and control; (2) promotes the establishment, maintenance, and improvement of State and other health training programs; (3) provides disease control training and consultation in natural disasters and

epidemics; (4) develops, and provides consultation on, advance training technology and methodologies through the above activities; (5) coordinates the Center's training activities.

Office of the Director (9N01). (1) Plans, directs, and evaluates the activities of the Bureau; (2) coordinates assistance provided by the Bureau to the Center and to other agencies; (3) coordinates the Center's preventive medicine residency program, and provides the Center's focal point for liaison in university affairs; (4) provides administrative, fiscal, publications, and distribution services to the Bureau, and manages the Center's implementation of the direct training reimbursement policy.

Instructional Media Division (9M41).

(1) Provides and/or produces photographic services for the Bureau; (2) designs and prepares various instructional aids in support of training activities; (3) manages the operation of the Atlanta training facilities, and provides technical services for conferences, meetings, seminars, and special functions.

Instructional Services Division (9M45).

(1) Assists disease prevention and control agencies in the implementation of training activities designed to qualify manpower to perform those work functions necessary to achieve their program purposes; (2) conducts training courses in the principles and application of epidemiologic methods in disease prevention and control, and in the control of hospital infections and foodborne diseases; and develops and implements homestudy courses; (3) assists disease prevention and control agencies in evaluating the success of implemented training solutions in removing training problems.

Instructional Systems Division (9N49).

(1) Assists the Center's programs and other disease prevention and control agencies to (a) identify and analyze program performance problems caused by inadequately qualified manpower; and (b) specify explicit standards and efficient systems of work for achieving their program purposes; (2) constructs detailed plans for developing, implementing, and evaluating training solutions designed to remove identified training problems, and develops appropriate instructional materials; (3) utilizes effective and efficient procedures of performance problem analysis, plan specification, and instructional systems design.

BUREAU OF TROPICAL DISEASES (9P00)

(1) Plans, directs, and coordinates a program of research and investigation of selected communicable diseases; (2) assesses the extent and significance of certain vector-borne and tropical diseases, such as Chagas' disease, onchocerciasis, shigella, malaria, and other parasitic diseases; (3) develops and evaluates methods of controlling insect vectors, including insecticidal and biological control measures, and the diseases they transmit; (4) conducts investigations on the bionomics of insect vectors, and researches the host-parasite relationship of such diseases; (5) through interrelated laboratories in the United

States and the Tropics, provides assistance to other scientific, educational, and health organizations in developing competencies in the epidemiology and control of tropical and vector-borne diseases; (6) collaborates with, and provides technical consultation to, other U.S. Government agencies and international organizations in the development, evaluation, and application of control measures.

Office of the Director (9P01). (1) Plans, directs, coordinates, and evaluates activities of the Bureau; (2) provides leadership and technical guidance on research projects; (3) establishes Bureau objectives and policies; (4) provides liaison with other agencies, including the U.S. Department of Agriculture, United States Armed Forces, Agency for International Development, and the World Health Organization; (6) provides administrative and other staff services to the Bureau.

Central America Research Station (9P85). (1) Plans and conducts research projects on selected communicable diseases; (2) develops, demonstrates, and recommends measures for use in disease control programs; (3) collaborates in field trials for inquiries on new methods for control of vector-borne diseases; (4) maintains surveillance of disease problems of the area which may pose a threat to the United States; (5) provides career development opportunities for appropriate professional staff of the Center; (6) collects and provides to other programs of the Center indigenous materials needed in laboratory improvement activities; (7) when appropriate, conducts studies on other disease entities which are of mutual interest and importance to the United States and the host country or countries of the Central America region.

Vector Biology and Control Division (9P45). (1) Serves as the Center's resource for pesticide development, formulation, application, and analysis; (2) conducts investigations on the biology, ecology, host-parasite relationships and vector ability, and control of arthropod vectors; (3) provides technical guidance on methods for controlling insect vectors and the diseases they transmit; (4) develops, prepares, coordinates, and presents regular training courses at CDC, field courses, workshops and seminars in the general field of vector-borne diseases and selected tropical diseases.

NATIONAL CLEARINGHOUSE FOR SMOKING AND HEALTH (9S00)

(1) Provides leadership and direction for a national program to reduce death and disability due to smoking; (2) acts as coordinator for Department activities related to smoking and health, maintaining liaison, through the Office of the Center Director or directly as deemed appropriate by CDC, with other Federal agencies and with official and voluntary groups concerned with the problem; (3) participates in the activities of the National Interagency Council on Smoking and Health; (4) provides consultation to State and local interagency councils and to industrial and local groups in developing coordinated community approaches

to smoking control programs; (5) prepares an annual report to Congress reviewing the medical and scientific evidence on the health consequences of smoking; (6) collects and disseminates scientific information, and maintains the Clearinghouse literature collection; (7) works with groups and organizations, within and outside government, carrying out public awareness and education programs on smoking and health directed toward specific target groups as well as the general public; (8) works with health and education programs on smoking and health in developing and conducting health education on smoking and health in the schools; (9) plans and carries out studies to furnish a better understanding of the dynamics of smoking behavior, and to evaluate program progress and effectiveness.

Office of the Director (9S01). (1) Plans, directs, coordinates, and evaluates activities of the Clearinghouse; (2) maintains liaison with other Federal agencies and official and voluntary groups; (3) participates in the activities of the National Interagency Council on Smoking and Health, and provides technical consultation and assistance to State and local interagency councils and other groups in developing programs to control smoking; (4) prepares an annual report to Congress on the health consequences of smoking; (5) develops administrative policies, procedures, program plans, and other services to meet Clearinghouse needs; (6) provides overall administrative services to the Clearinghouse.

Community Program Development Division (9S43). Works with National, State, and local officials and voluntary, professional health and education groups to plan, develop, test, and provide practical models of community education programs on smoking and health, including: (1) Development and support of interdisciplinary-interorganizational mechanisms at all levels to improve the use of existing financial and manpower resources and services, (2) primary prevention activities for youth in school and in non-school programs, (3) pre- and inservice training and curriculum development for teachers, (4) pre- and post-graduate training for health professionals and prototype program activities for use in direct health care facilities, Federal and private; (5) establishment, supervision, and reporting on community projects to test and evaluate community smoking control efforts.

Health Education Division (9S45). (1) Plans, develops, and carries out national programs of information and education on smoking and health; (2) collects, organizes, and disseminates scientific information, and maintains a literature and bibliographic collection; (3) conducts public awareness activities, and maintains liaison with the press and other media representatives, citizen groups, and other organizations on co-operative awareness and education programs; (4) develops and distributes educational materials and special information reports on smoking and health to

professional audiences, radio, television, and other media, both commercial and educational.

Program Research Division (9S49). (1) Plans and carries out studies on the dynamics of smoking behavior; (2) conducts research to determine the factors involved in taking up smoking and in the cessation of smoking; (3) experiments with and evaluates the effectiveness of methods aimed at cessation of smoking; (4) conducts surveys to assess the incidence of smoking and changes in the attitudes, beliefs, and knowledge about smoking; (5) evaluates the effectiveness of school and community programs in reducing the incidence of smoking; (6) provides technical consultation and assistance in the design and analysis of studies of smoking behavior.

Sec. 9-C Order of Succession. During the absence or disability of the Center Director, or in the event of a vacancy in that office, the first official listed below who is available shall act as Director, except that during a planned period of absence, the Director may specify a different order of succession:

(1) Assistant Director for Operations; (2) Assistant Director for Program; (3) Executive Officer.

Sec. 9-D Delegations of Authority. (1) The Center Director shall continue to exercise all the authorities given to him under the Delegations of Authority made by the Assistant Secretary for Health (38 FR 18260, July 9, 1973). All delegations or redelegations to any officers or employees of the Center for Disease Control which were in effect immediately prior to the effective date hereof continue in effect in them or their successors, pending further redelegation.

Dated: January 2, 1974.

ROBERT H. MARIK,
Assistant Secretary for
Administration and Management.

[FR Doc. 74-667 Filed 1-8-74; 8:45 am]

PUBLIC HEALTH SERVICE

Organization, Functions, and Delegations of Authority

Part 1 in the Statement of Organization, Functions, and Delegations of Authority of the Department of Health, Education, and Welfare, Chapter 1N, entitled Office of the Assistant Secretary for Health, (38 FR 18571, July 12, 1973) is hereby amended as follows:

I. Section 1N.10 2 Special Functions, is amended to delete "Regional Health Administrators." Section 1N.20B2a., "Regional Health Administrators," is deleted in total.

II. Section 1N.10 is amended to add a new subsection 3 titled Public Health Service Regional Offices. Section 1N.20B is amended to add a new subsection 3 as follows:

3. **Public Health Service (PHS) Regional Offices.** (1N81-1N8A) Each PHS Regional Office is responsible for directing PHS Regional Office programs and activities in order to assure a coordinated regional effort in tune with national poli-

cies and state and local needs within each region.

Interprets national policies and guidelines, establishes regional goals and objectives, monitors progress and accomplishments and reviews and redirects the regional effort accordingly.

Develops the overall regional budget proposal (funds and positions) based on national priorities and regional work plans.

Determines types of personnel needed, recruits and selects, and evaluates performance of regional staff.

Cooperates with the Regional Director, who is the regional program coordinator, in coordinating health programs with other Department of Health, Education, and Welfare programs and with programs of other agencies impacting upon the needs of people.

Awards decentralized health grants and contracts in accord with national policies and guidelines and State and local needs.

Provides regional input into the formulation and analysis of national policies, priority determination, and program plans and serves as the principal health advisor to the Regional Director.

Assures program implementation and continuity and establishes program focal points to provide for categorical program identification.

Each PHS Regional Office shall be headed by a Regional Health Administrator who reports to the Assistant Secretary for Health.

Programs and authorities administered by the Food and Drug Administration are delegated from the Assistant Secretary for Health to the Commissioner of Food and Drugs and will be coordinated with the Regional Health Administrator as required.

a. Office of Planning and Evaluation. (1N8115) Conducts and guides for the Regional Health Administrator a process of PHS Regional Office planning in support of national health strategies and Regional Director's planning policies.

Coordinates the development of specific PHS regional goals; operational plans, including work plans and Operational Planning System (OPS) objectives; proposals for the allocation of resources to carry out those plans and objectives; input into the Forward Plan for Health; and input into the Regional Director's Operational Planning System.

Provides evaluation of regional health program goals in relation to national priorities and local needs, recommends corrective action and assists in implementation.

Serves as the Regional Health Administrator's coordinator for input into health planning policy matters with the Office of the Assistant Secretary for Health, PHS agencies, and the Regional Director's Office.

b. Office of Management Support. (1N8119) Advises and assists the Regional Health Administrator in the internal management of the PHS Regional Office. Provides administrative services support for the PHS Regional Office in conjunction with the Regional Director's management staff.

Serves as the Regional Health Administrator's coordinator for input into the Central Office budget and staffing allocation process, and in conjunction with the Office of Regional Operations and Regional Director's Office, maintains a system for monitoring the use of personnel and funds allocated to the health programs in the PHS Regional Office.

Maintains the regional health management information system in cooperation with the Office of Regional Operations and Regional Director's Office, involving data collection, monitoring, and reporting. Responds to health data needs of the Regional Office, including requests from the public.

Serves as the Regional Health Administrator's coordinator on management matters with the Office of the Assistant Secretary for Health and the Regional Director's Office.

c. Office of State Coordination. (1N8122) Serves as key advisor to the Regional Health Administrator on the health needs and resources of each State and local area within the region's jurisdiction.

In concert with the Office of the Regional Director, serves as a contact point for the States, provides assistance to them, and facilitates their access to and receipt of services from cross-organizational components of the PHS Regional Office.

Cooperates with PHS Regional Office components, the Regional Director's staff, and other agencies in efforts directed toward matching health resources with State and local needs.

d. Division of Financing and Health Economics. (1N8141) Provides advice and assistance to State and local agencies as well as private institutions in establishing relationships with health financing programs on reimbursement funding of health service activities.

Serves as focal point in the region for increasing capabilities to utilize available funding programs such as health insurance, revenue sharing, and third party payment systems.

Provides technical assistance on organization and administration of financial and related business management aspects of health service delivery systems.

Directs activities to assist projects, agencies, and institutions within the region to improve relationships with health financing and reimbursement programs.

Participates in the development of measures and monitors progress in implementing strategies to achieve cost control and maximized third party reimbursement.

Serves as PHS regional counsel on developing flexibility for programs such as national health insurance, special health revenue sharing, and third party payment systems.

Develops for the Regional Health Administrator information and recommendations to the Assistant Secretary for Health on problems suggesting changes in national health financial policy or authority.

e. Division of Quality and Standards. (1N8143) Serves as the principal PHS adviser on quality assurance activities in-

cluding interpretation and compliance with established standards for medical care.

Provides technical consultation to State and local health officials in the interpretation and application of health standards and policy, and in correcting deficiencies.

Serves as the PHS regional focal point for implementation of quality assurance and utilization review requirements of the Medicaid and Medicare Program, in coordination with the Regional Director and with Social and Rehabilitation Service and Social Security Administration regional staffs.

Participates in the development and monitoring of institutions and compliance with standards for health care provided under Medicaid and Medicare.

Coordinates the review and application of medical standards and quality and cost control methods used in Federally sponsored direct and grant supported health service delivery programs.

Participates in the development and implementation of standards for health care related activities.

f. Division of Health Services. (1N8145) Directs and coordinates programs and activities designed to promote and provide quality health services within the region.

Administers Federally supported health service delivery programs including interpretation of policies and guidelines, site assessments, project development and project monitoring.

Provides professional consultation and guidance in medical and health related services and technical assistance in programs and project development.

Serves as regional focal point for promoting and directing efforts to integrate service delivery projects in a more comprehensive manner and maximize services available in health scarcity areas.

Monitors grants for compliance with applicable laws, regulations, policies, and guidelines.

g. Division of Resource Development. (1N8147) Directs and coordinates programs and activities designed to increase the capacity and capability of the health care system in the region.

Provides assistance and support for State and local health planning activities including the assessment of health care needs and resources.

Cooperates with the health agencies in the dissemination of research findings and the development and testing of new approaches to improved health care delivery. Monitors and assesses results of regional health delivery innovations in relationship to both local and national objectives.

Supports activities designed to improve the recruitment, production and utilization of health manpower.

Provides professional and technical assistance to the health community in the design and development of all health care resources.

Monitors grants for compliance with applicable laws, regulations, policies, and guidelines.

h. *Division of Prevention.* (1N8149) Directs and coordinates programs and activities designed to improve health by preventing or controlling diseases, including environmentally induced human health problems.

Provides a regional locus of responsibility for input to national program development in areas of preventive health services and for the regional implementation of national preventive health policies, plans, and programs.

Provides liaison with special national impact programs, such as venereal disease control, and assures access to headquarters epidemiologic and laboratory specialists and other specialized assistance.

Provides technical program consultation, information and guidance to State and local health departments and agencies, communities and industries on disease prevention, preventive health services, environmental and occupational health services.

Serves as regional focal point for providing continuity and leadership to other regional office functional Divisions in the interpretation of the Departmental priorities in preventive health and coordinates activities with the other Divisions.

Monitors grants for compliance with applicable laws, regulations, policies and guidelines.

Provides a locus of responsibility for supervision of personnel assigned from the Center for Disease Control to State and local health departments.

III. A new Section 1N.30 Delegations of Authority is created:

Section 1N30 Delegations of Authority. (1) Pending further redelegations the Regional Health Administrator shall exercise all the authorities previously given to the Regional Health Director by the Administrator of the former Health Services and Mental Health Administration and all authorities given to the Regional Health Director by any other official of the Department of Health, Education, and Welfare that is not inconsistent with any action subsequently taken by the Secretary of the Department or his designee.

Dated: December 26, 1973.

ROBERT H. MARIK,
Assistant Secretary for
Administration and Management.

[FR Doc.74-666 Filed 1-8-74;8:45 am]

Public Health Service

CENTER FOR DISEASE CONTROL

Statement of Organization, Functions, and Delegations of Authority

Part 9 (Center for Disease Control) of the Statement of Organization, Functions, and Delegations of Authority for the Department of Health, Education, and Welfare (39 FR 1461, January 9, 1974) is hereby amended to reflect the establishment of the Bureau of Health Education (9F00) and the transfer of the National Clearinghouse for Smoking and Health (9S00) to the Bureau of Health Education as indicated in the following changes to Section 9-B, *Organization and Functions*:

1. After the chapter entitled "Bureau of Epidemiology (9E00)," add a new chapter entitled "Bureau of Health Education (9F00)" by inserting the following heading and succeeding paragraphs:

BUREAU OF HEALTH EDUCATION (9F00)

(1) Provides leadership and direction to a comprehensive national health education program for the prevention of disease, disability, premature death, and undesirable and unnecessary health problems; (2) recommends health education goals, objectives, and priorities for the Department of Health, Education, and Welfare; and develops collaborative efforts to accomplish health education objectives; (3) coordinates major health education activities of the Department; (4) develops and evaluates standards, criteria, and methodologies for improved health education programs; (5) serves as a clearinghouse on health education; (6) working with and through the Regional Offices, encourages and assists in the broader application of effective health education programs at the State and community level; (7) develops mechanisms for coordinating health education activities of the private sector; (8) participates in, and provides staff support for, the Intradepartmental Health Edu-

cation Board; (9) provides leadership and direction for a national program to reduce death and disability due to smoking; (10) maintains liaison with other Federal agencies and with public and private organizations engaged in health education activities.

Office of the Director (9F01). (1) Plans, directs, coordinates, and evaluates activities of the Bureau; (2) provides leadership and guidance in policy formulation and program planning and development; (3) participates in, and provides staff support for, the Intradepartmental Health Education Board; (4) develops mechanisms for coordinating health education activities of the private sector; (5) provides consultation and assistance to CDC organizations in developing and implementing health education activities; (6) maintains liaison with other Federal agencies engaged in health education activities; (7) provides overall administrative services to the Bureau.

National Clearinghouse for Smoking and Health (9F41). (1) Administers a national program to reduce death and disability due to smoking; (2) develops standards, criteria, and methodologies for improved health education programs; and evaluates effectiveness of selected ongoing programs; (3) serves as a clearinghouse on health education; collects and disseminates information about effective techniques, strategies, and approaches; and handles health education inquiries; (4) conducts and stimulates behavioral research; (5) coordinates Department activities related to smoking and health, and maintains liaison with official and voluntary groups concerned with the problem of smoking; (6) conducts surveys to assess the incidence of smoking.

Community Program Development Division (9F45). (1) Develops, conducts, and evaluates health education demonstration projects, in cooperation with State and local health departments and with public and private organizations, to develop and apply effective, comprehensive programs in selected communities; (2) develops and applies new combinations of approaches and methods to unmet public health education needs.

Professional Services and Consultation Division (9F49). (1) Provides technical advice and consultation to State and local health agencies, and to public and private organizations in planning and implementing health education activities; (2) working with and through the Regional Offices, encourages and assists in the broader application of effective health education programs at the State and community level; (3) assists the Office of the Bureau Director in coordinating health education activities of the private sector.

2. Delete the chapter entitled "National Clearinghouse for Smoking and Health (9S00)."

Dated: September 16, 1974.

JOHN OXTINA,
Assistant Secretary for
Administration and Management.
[FR Doc.74-22089 Filed 9-23-74;8:45 am]

FOOD AND DRUG ADMINISTRATION
Statement of Organization, Functions,
and Delegations of Authority

Part 6 (Food and Drug Administration) of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health, Education, and Welfare (35 FR 3685-92, dated February 25, 1970, as amended) is amended to reflect the reorganization of the Bureau of Drugs:

Section 6-B is amended as follows:
 Sec. 6-B Organization. . . .

(1) *Bureau of drugs* (6A11). Develops FDA policy with regard to the safety, effectiveness, and labeling of all drugs for human use.

-Reviews and evaluates new drug applications (NDA's) and notices of claimed investigational exemption for new drugs (IND's). Develops and implements standards for the safety and effectiveness of all over-the-counter (OTC) drugs.

Monitors the quality of marketed drugs through product testing, surveillance, and compliance programs.

Develops and promulgates guidelines on current good manufacturing practices for use by the drug industry.

Develops and disseminates information and educational material dealing with drugs to the medical community and the public in coordination with the Office of Professional and Consumer Programs.

Conducts research and develops scientific standards on the composition, quality, safety, and efficacy of human drugs.

Collects and evaluates information on the effects and use trends of marketed drugs.

Monitors prescription drug advertising and promotional labeling to assure their accuracy and integrity.

Analyzes data on accidental poisonings; disseminates toxicity and treatment information on household products and medicines.

Evaluates applications for operation of methadone treatment centers and other activities using methadone or other drugs.

Directs the FDA antibiotic and insulin certification program.

(1-1) *Office of the Director* (6A1101). Develops FDA human drug policy and provides executive direction to Bureau scientific and regulatory programs and activities.

Develops and implements regulatory policy regarding human drugs.

Provides advice and expertise to the Commissioner and the Department on all human drug matters.

Promotes collaboration and exchange of drug information with scientists and scientific bodies.

Coordinates with other bureaus on scientific and technical programs.

Recommends to the Office of the Commissioner new and revised legislation and participates in the preparation of legis-

lative proposals and testimony for presentation at congressional hearings.

Develops and interprets compliance and surveillance programs and current good manufacturing practices.

Coordinates the Bureau's intramural and extramural scientific and regulatory programs within FDA.

Develops and implements Bureau program and resource plans. Evaluates the effectiveness of Bureau operating programs.

Provides overall direction to the Bureau's utilization of research grants and research and service contracts program.

(1-1-i) *Office of Planning and Evaluation* (6A11012). Advises and assists the Bureau Director and other key Bureau officials regarding strategic and operational planning and substantive program policy development.

Develops and implements Bureau planning and programming strategy and the annual budget.

Identifies operational goals and evaluation measures; develops and applies appropriate effectiveness measures to Bureau programs.

Provides planning and evaluation consulting services to Bureau program and management officials.

Represents the Bureau in matters related to planning and evaluation within FDA and with Federal agencies and the regulated industries.

Develops policy and provides technical and professional services to the Bureau's contract and grant program including the Bureau Contract and Grant Review Committee.

Develops compliance and surveillance programs for field implementation, including appropriate evaluation and reporting requirements.

Plans allocations of field resources and monitors the status of implementation of plans.

Acts as the Director's principal advisor and coordinator for Bureau position allocations, financial management, contract and grant program, and field resources; develops and implements related plans.

Directs Bureau program management system operations including goal-setting, performance review, and related utilization reporting systems.

(1-2-i) *Division of OTC Drug Evaluation* (6A11022). Identifies and classifies over-the-counter (OTC) drugs into categories for review by appropriate panels; coordinates the collection of safety and effectiveness data on drugs to be reviewed.

Coordinates the establishment of, and provides technical and clerical support to, OTC advisory panels which make recommendations on standards for OTC drugs.

Receives, controls, and screens all OTC drug submissions including protocols; notifies sponsor of inadequate or deficient data; schedules and participates in industry/agency conferences.

Notifies Bureau components of OTC panel recommendations; obtains concurrence for final OTC recommendations

from respective reviewing Bureau components.

Provides information regarding OTC advisory panel activities; assists in preparing official summary minutes, information memoranda, panel reports and drug monographs.

Recommends Bureau actions based on OTC advisory panel evaluations.

Coordinates the development of each proposed, tentative final, and final drug monograph; provides technical assistance to the Associate Director for Compliance as required in implementing final drug monographs.

Develops and implements, in coordination with the Office of Professional and Consumer Programs, consumer and professional educational programs including formal presentations relating to the OTC drug program; participates in agency sponsored OTC drug consumer education programs.

(1-2-ii) *Division of Biopharmaceutics* (6A11023). Evaluates bioavailability and pharmacokinetic protocols and data in notices of claimed investigational exemption for new drugs (IND's), abbreviated new drug applications (ANDA's), new drug applications (NDA's), antibiotic applications (Forms 5 and 6) and their supplements and amendments.

Approves, disapproves, or recommends new bioavailability and pharmacokinetic studies and/or protocols.

Identifies potential bioavailability problems and prepares protocols and guidelines for conducting bioavailability studies.

Reviews and evaluates drug disposition data, dosing regimen, and specialized drug delivery systems to assure bioavailability of drugs.

Coordinates the establishment of and provides technical and clerical support to biopharmaceutic advisory panels.

Assists in developing or revising drug monographs on the basis of bioavailability data.

Initiates, monitors, and conducts intramural biopharmaceutic research; identifies extramural research needs; initiates, monitors, and coordinates extramural research contracts with in-house activities.

(1-2-iii) *Division of Generic Drug Monographs* (6A11024). Evaluates medical and scientific data and determines approvability of original and amended abbreviated new drug applications (ANDA's), abbreviated antibiotic applications (Forms 6), and their supplements.

Recommends withdrawal of approval of ANDA's.

Coordinates the review of ANDA and abbreviated antibiotic bioavailability protocols and resultant studies with the Division of Biopharmaceutics.

Serves as the primary source for information on current labeling, methods validation, and establishment inspection reports of ANDA's, abbreviated antibiotic applications, and old drug monographs.

Coordinates development of and pro-

vides scientific inputs to generic drug monographs and subsequent revisions.

Evaluates the nonmedical aspects of human drug products in abbreviated antibiotic applications and their supplements.

Recommends and reviews regulations concerning human antibiotic products.

(1-3-i) *Division of Biometrics* (6A11032). Provides comprehensive statistical and biomathematical services to Bureau programs.

Conducts research and development in statistical, biomathematical and other scientific decision-making methodologies.

Evaluates and applies new statistical methodologies in support of scientific decisions.

Develops statistical methodologies for analyzing epidemiological data and collaborates with other Bureau units on such methodologies to be used in intramural and extramural programs.

Develops computational computer programs.

(1-3-ii) *Division of Poison Control* (6A11033). Promotes the establishment of and provides technical support to State and local governments in the creation and maintenance of poison control centers. Furnishes information to such centers concerning the treatment of toxic, hazardous, and caustic substances that may be ingested.

Collects, evaluates, and disseminates clinical and statistical data concerning the toxic effects of drugs, chemicals, and hazardous household substances on humans and animals.

Evaluates reports on injuries and fatalities resulting from accidental ingestion of household substances, medicines, and other chemicals; identifies cases of special interest and pursues further field investigations.

Analyzes data to determine products causing injuries to children and recommends within FDA and to the Consumer Product Safety Commission those drugs and substances requiring child-resistant packaging or special precautionary labeling as required by Federal legislation.

Conducts and supports research on treatment of ingested toxic substances, on product modifications considered necessary to reduce their injury-producing characteristics, and on prevention techniques.

Provides medical support in developing warning and first aid statements for hazardous and potentially hazardous substances.

Develops and implements, in coordination with the Office of Professional and Consumer Programs, education and information programs designed to reduce accidental poisonings.

(1-3-iii) *Division of Drug Experience* (6A11034). Develops and implements systems for the acquisition of data concerning drug experiences and drug use trends; evaluates and disseminates such information to the Bureau and other organizations within FDA. Plans and conducts the research and development activities to evaluate and determine

optimal media and techniques to meet the needs of health professionals and consumers concerning drug usage information.

Develops and monitors contracts to acquire drug experience data.

Evaluates socioeconomic implications of drug usage information.

Participates in World Health Organization programs to implement an international drug monitoring system.

(1-4-i) *Division of Methadone Monitoring* (6A11046). Develops the basic strategy for and approves, directs, coordinates, and monitors compliance programs for drugs requiring special controls over the conditions of use.

Evaluates field report submissions, including inspections, investigations, and recommendations for compliance actions; recommends, directs, and/or coordinates case development and contested case assistance in the handling of compliance actions.

Evaluates applications for the establishment of treatment centers and other activities which plan to use methadone or other drugs requiring special controls over the conditions of use; monitors and evaluates the medical and scientific quality of the treatment centers.

Develops and/or reviews regulations to control and monitor the usage of methadone and other such drugs.

Coordinates drug use monitoring programs with Federal, State, and local agencies.

Conducts training seminars for industry and Federal, State, and local health officials on drug usage control practices in coordination with the Executive Director of Regional Operations.

Develops and monitors special investigations involving drug usage and/or false or fraudulent statements or entries.

(1-4-ii) *Division of Drug Product Quality* (6A11047). Develops the basic strategy for and approves, directs, coordinates, and monitors compliance programs issued in the areas of product quality assurance (other than manufacturing), product surveillance, and antibiotic and insulin certification.

Evaluates field report submissions, including inspections, investigations, and recommendations for compliance actions; recommends, directs, and/or coordinates case development and contested case assistance in the handling of compliance actions regarding drug product quality.

Plans, develops, and maintains a product quality surveillance system.

Coordinates, evaluates, and monitors all incoming product quality surveillance data concerning product defects, problems, developments, and trends within the drug industry; advises and coordinates data with other Bureau components with regard to their current programs. Identifies new areas for potential FDA responsibility or action.

Certifies batches of insulin and antibiotics; issues exemptions when appropriate.

(1-4-iii) *Division of Drug Labeling Compliance* (6A11048). Develops the basic strategy for and approves, directs,

coordinates, and monitors compliance programs issued to implement NAS/NRC Drug Efficacy Study Implementation (DESI) announcements, OTC and other drug monographs, and for drugs not covered under specific regulations or announcements.

Evaluates field report submissions, including inspections, investigations, and recommendations for compliance actions; recommends, directs, and/or coordinates case development and contested case assistance in the handling of compliance actions regarding drug labeling compliance.

Notifies firms regarding the status of their drugs under specific DESI announcements and OTC and other drug monographs.

Directs the FDA Drug Product Listing and Establishment Registration program.

(1-4-iv) *Division of Drug Manufacturing* (6A11049). Develops the basic strategy for and approves, directs, coordinates, and monitors compliance programs issued with regard to drug manufacturing practices.

Evaluates field report submissions, including inspections, investigations, and recommendations for compliance actions; recommends, directs, and/or coordinates case development and contested case assistance in the handling of compliance actions regarding drug manufacturing problems.

Develops, coordinates, reviews, and revises current good manufacturing practice (CGMP) regulations; provides for their uniform interpretation.

Serves as the primary source of information concerning compliance by individual firms with CGMP in connection with NDA's, ANDA's, supplements, and antibiotic and insulin certification evaluations.

Promotes a better understanding of the requirements and objectives of the laws and regulations regarding CGMP and encourages compliance on a voluntary basis; plans and conducts educational and informational activities in conjunction with other agency units, trade associations, and academic groups.

(1-5-i) *Division of Drug Biology* (6A11052). Provides expert advice to the drug review divisions and other scientific and regulatory units of the Bureau on drug pharmacology and toxicology.

Plans and conducts research to investigate the utility of diverse animal and biochemical systems for the assay of drug products. Performs bioassays by official and nonofficial methods to determine drug potency including testing insulin for the certification program.

Correlates bioanalytical findings with results of newly devised physicochemical methods of drug analysis in conjunction with the Division of Drug Chemistry.

Plans and conducts research to determine the nature, extent, and significance of microbial and other microscopic contaminants in drugs and investigates their effects in microbiological systems.

Devises microanalytical and biological methods for the study and analysis of drugs.

Plans and conducts research to investigate the nature and properties of pharmacologically significant substances in drugs and investigates their effects in biological systems.

Conducts research to investigate the metabolism of drugs, the mechanisms and identity of adverse drug reactions, the interactions between drugs and between drugs and chemicals in the environment, the neuroendocrine relationships, and the effects of drugs on behavior.

(1-5-ii) *Division of Drug Chemistry* (6A11053). Provides expert advice to the drug review divisions and other scientific and regulatory units of the Bureau on the chemistry of drugs and the methods of physicochemical identification of drugs and conducts special investigations upon request.

Appraises and improves current and proposed drug standards and specifications; validates NDA analytical procedures and reviews validation data from field laboratories.

Investigates the principles underlying the chemical reactions employed in the analysis of drugs.

Proposes and establishes specifications to standardize drugs and reference substances and cooperates with the United States Pharmacopoeia (USP), the National Formulary (NF), and the Association of Official Analytical Chemists (AOAC), in preparing official drug monographs which incorporate these specifications.

Participates in collaborative studies to test the validity of analytical methods proposed for adoption by the USP, NF, and AOAC.

Plans and conducts research to devise new methods to detect, isolate, and disclose the chemical nature of potent and toxic substances occurring in drug products.

Plans and conducts research to investigate the utility of electronic, optical, radiometric, and other physicochemical instruments for the analysis of drugs.

Devises new methods for the examination of individual drugs that present analytical problems in accepted procedures and for the examination of minute drug quantities; subjects these new methods to collaborative study.

(1-5-iii) *National Center for Antibiotics Analysis* (6A11054). Tests large numbers of antibiotics samples obtained through the certification program, surveillance programs, or other Federal agencies; provides expert advice on the analysis of the samples to the review divisions and other scientific and regulatory units of the Bureau.

Plans and conducts research on new and improved methods for the rapid analysis of large numbers of antibiotic samples and for the examination of individual antibiotics; subjects these new methods to collaborative study.

Devises and applies new methods for the analysis of antibiotic residues in tissues, body fluids, and other substances.

Participates in collaborative studies to test the validity of analytical methods proposed for adoption by the United States Pharmacopoeia (USP), National Formulary (NF), and Association of Official Analytical Chemists (AOAC), or in Antibiotic Forms 5 and 6.

Reviews and validates the analytical procedures included in Antibiotic Forms 5 and 6; assists in developing monographs for inclusion in the Code of Federal Regulations.

Cooperates with the World Health Organization, USP, and NF in testing and establishing reference standard drug substances for use in antibiotic analysis.

Tests, establishes, and maintains a collection of authenticated official antibiotic reference standard drug substances for distribution to FDA field laboratories, other Federal agencies, and to industry participants in the antibiotic and insulin certification program.

(1-5-iv) *National Center for Drug Analysis* (6A11055). Tests large numbers of drug samples obtained through surveillance programs, FDA field consumer safety officers, and other Federal agencies to obtain drug analysis data for use by the review divisions and other scientific and regulatory units of the Bureau.

Devises new automated methods for the rapid analysis of large numbers of drug dosage forms; establishes and maintains the Drug Auto Analysis Manual.

Devises new methods and develops and/or acquires new equipment for the examination of individual drugs which present analytical problems in accepted procedures and new methods for the analysis of minute drug quantities of single dosage entities; subjects these new methods to collaborative study.

Participates in collaborative studies to test the validity of analytical methods proposed for adoption by the United States Pharmacopoeia (USP), National Formulary (NF), and Association of Official Analytical Chemists (AOAC).

Cooperates with the USP and NF in testing drug reference substances (other than antibiotics) for compliance with specifications.

(1-6-i) *Division of Anti-Infective Drug Products* (6A11062). Performs the following IND/NDA review process with regard to anti-infective, dermatologic, ophthalmologic, and antibiotic drug products, develops related policy applying to this category of drug products:

Reviews notices of claimed investigational exemption for new drugs (IND's) and recommends action including approval of research plans and protocols, modifications, and restrictions, or disapproval.

Evaluates for safety and effectiveness, new drug applications (NDA's) submitted by manufacturers for permission to market new drugs.

Evaluates adequacy of directions for use and warnings in proposed labeling.

Conducts continuing surveillance and medical evaluation of the labeling, clinical experience, and reports, submitted by an applicant under the records and reports requirements, of all drugs for which an approved NDA is in effect.

Evaluates manufacturing and laboratory methods, facilities, and controls exercised in firms producing new drugs.

Makes recommendations concerning withdrawal of approval of NDA's.

Provides advice and serves as the primary source of information within FDA on anti-infective, dermatologic, ophthalmologic, and antibiotic drug products with regard to the status of these drug applications, existing policy decisions, proposed regulatory actions, and the state of product development.

(1-6-ii) *Division of Cardio-Renal Drug Products* (6A11063). Performs the same functions as described above (1-6-i) with regard to cardiac, anti-hypertensive/renal, and gastro-intestinal drug products.

(1-6-iii) *Division of Surgical-Dental Drug Products* (6A11064). Performs the same functions as described above (1-6-i) with regard to surgical, dental, and pulmonary-anesthesia drug products.

(1-6-iv) *Division of Metabolism and Endocrine Drug Products* (6A11065). Performs the same functions as described above (1-6-i) with regard to obstetric, gynecological, and all other metabolic and endocrine drug products.

(1-6-v) *Division of Neuropharmacological Drug Products* (6A11066). Performs the same functions as described above (1-6-i) with regard to neurologic, psychopharmacological, and drug abuse drug products.

Serves as the FDA resource on drug abuse information. Evaluates investigational and marketed drugs for abuse potential as requested by IND/NDA review staffs. Recommends special studies or safeguards. Recommends drugs for addition to, removal from, or transfer with schedules provided by the Comprehensive Drug Abuse Prevention and Control Act of 1970.

(1-6-vi) *Division of Oncology and Radiopharmaceutical Drug Products* (6A11067). Performs the same functions as described above (1-6-i) with regard to oncology, radiopharmaceutical, and anti-inflammatory drug products.

(1-6-vii) *Division of Drug Advertising* (6A11069). Monitors and evaluates prescription drug promotional material, advertisements, practices, and related labeling.

Provides guidance and support in formulation of policy, regulations, and advisory opinions in advertising and promotional labeling.

Initiates or recommends administrative action to remedy violative advertising and promotional labeling; recommends field investigations; assists in the preparation of prospective cases. Provides training for Bureau and agency

personnel in drug promotional literature and practices.

(1-7-i) *Division of Drug Information Resources* (6A11072). Operates systems for the collection, processing, and retrieval of information required to meet research and operating needs.

Reviews, abstracts, and retrieves scientific and technical information contained in drug applications and other scientific documents.

Provides data input services within the Bureau and coordinates operational data processing activities.

Creates and maintains data files for medical and scientific purposes.

(1-7-ii) *Division of Information Systems Design* (6A11073). Designs, implements, and monitors management and scientific/technical information systems for the Bureau.

Establishes and monitors implementation of Bureau policies regarding all Bureau automated data processing activities including planning, contracts, equipment and software procurement, training, and utilization of automatic data processing (ADP) systems and facilities.

Serves as the Bureau point of contact with the agency's ADP operations.

Develops dictionaries, listings of terms, and thesauri to assure standardization of terminology within Bureau information systems.

Maintains overall Bureau responsibility for the FDA Chemical Structure File and conducts research on the design of systems and routines for chemical substructure searching.

(1-7-iii) *Medical Library* (6A11074). Acquires, catalogs, and disseminates pharmaco-medical and scientific information for use by Bureau and FDA scientists and administrators.

Provides manual and automated services in support of compiling and disseminating medical and scientific information.

Serves as liaison with drug information centers outside of FDA such as the National Library of Medicine.

These functional statements supersede the previous functional statements for the entire Bureau of Drugs published in 37 FR 4972, March 8, 1972, and 38 FR 13574, May 23, 1973.

Effective Date. This order shall be effective September 24, 1974.

Dated: September 16, 1974.

JOHN OTTINA,
Assistant Secretary for
Administration and Management.

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C. THE HEALTH SERVICES ADMINISTRATION

the organization of the Health Services Administration as an operating health agency of the Department. There is hereby established a new Part 3, Health Services Administration, as set forth below.

Sec. 3-A Mission. The Health Services Administration (3000) provides a national focus for programs and health services for all people of the United States with emphasis on achieving the integration of service delivery and public and private financing systems to assure their responsiveness to the needs of individuals and families in all levels of society.

To these ends, the Health Services Administration (3000): (1) Administers health service delivery programs supported by project grants, contracts or other arrangements; (2) provides leadership to and supports efforts designed to integrate health service delivery programs with public and private health financing programs; (3) administers formula grant-supported health services programs; (4) assures quality and contain costs of service provided through the public financing programs; (5) provides or arranges for personal health services, including both hospital and out-patient care, to designated beneficiaries; and (6) provides advice and support to the Assistant Secretary for Health in the formulation of health policies.

Sec. 3-B Organization and functions. The Health Services Administration (3000) is directed by an Administrator (HSA) who is responsible to the Assistant Secretary for Health. The Administration consists of the following major components, with functions as indicated:

OFFICE OF THE ADMINISTRATOR (3AA0)

Provides leadership and direction to the programs and activities of the Health Services Administration.

Immediate Office of the Administrator (3AA1). (1) Manages and directs the activities of the Health Services Administration; (2) provides leadership for the execution of Administration responsibilities related to the conduct and improvement of health services for the people of all socioeconomic levels in the United States; and (3) provides advice and support to the Assistant Secretary for Health in coordinating health services facilities and in the formulation of national health policy.

Executive Secretariat (3AA105). (1) Serves as the focal point in the control of written communications from and to the Administrator including their receipt, review, action assignment and follow-up to insure timely and appropriate action; (2) establishes standards for and insures the quality of written communications throughout the Administration; (3) maintains for the Administrator a docket of pending requests and a structured device for insuring timeliness of response; (4) plans, develops and maintains a central system of response to public and official requests for program information and guidance; (5) establishes and main-

Office of the Secretary

HEALTH SERVICES ADMINISTRATION

Statement of Organization, Functions, and Delegations of Authority

This amendment to the Statement of Organization, Functions, and Delegations of Authority of the Department of Health, Education, and Welfare, reflects the implementation of the Reorganization Order effective July 1, 1973 signed by Acting Secretary Frank Carlucci (36 FR 18261, July 9, 1973), with respect to

tains central files for the Administrator; and (6) establishes and assures implementation of Administration correspondence procedures and policies.

Office of Equal Employment Opportunity (3AA107). (1) Provides leadership and policy and program direction to Equal Employment Opportunity Programs of the Health Services Administration; (2) provides staff advice and support to the Administrator in executing Federal equal employment opportunity policies; (3) plans and develops programs and procedures designed to eliminate discriminatory employment practices; (4) receives and provides for the investigation of complaints of alleged discrimination; and (5) maintains liaison with the Equal Employment Opportunity staff of the Assistant Secretary for Health regarding program administration and the resolution of complaints.

Office of Communications and Public Affairs (3AA3). Under the direction of the Associate Administrator for Communications and Public Affairs, who is a member of the Administrator's immediate staff: (1) Provides leadership and general policy and program direction, conducts and coordinates communications and public affairs activities of the Health Services Administration; (2) provides communications and public affairs expertise, and staff advice and support to the Administrator in program and policy formulation and execution; (3) develops and implements policies related to external media relations and internal employee communications; (4) establishes and implements procedures for development, review, processing, quality control, and dissemination of HSA communications materials; (5) serves as Communications and Public Affairs Officer for the Administrator including the establishment and maintenance of productive relationships with the communications media; (6) provides central communications services to all HSA programs in such areas as graphics and audiovisual; and (7) serves as focal point for coordination of HSA communications activities with those of other health agencies within HEW and with regional, State, local, voluntary and professional organizations.

Office of Public Information (3A.4303). (1) Provides information to the news gathering and reporting media on HSA activities; (2) prepares news releases and other news material issued by the Administrator and other key officials of HSA; (3) coordinates and arranges news conferences, briefings, interviews, and appearance of the Administrator and key HSA officials on radio and television and with the print media, and (4) carries out projects on special information programs.

Office of Editorial Operations (3AA305). (1) Develops and coordinates the application of HSA policies, plans, and strategies for dissemination of health information to the public; (2) plans the preparation of, coordinates the gathering of material for, edits, and produces both public and scientific publi-

cations with HSA-wide implications; (3) prepares speech material and background information for the Administrator and other key HSA officials; and (4) prepares fact sheets on various elements of the Agency for dissemination internally and externally.

Office of Service Support (3AA307). (1) Develops and implements policies and practices for coordinating, reviewing, and approving publishing plans and activities; (2) reviews and approves distribution plans for health publications produced by the Agency; (3) maintains liaison with key HSA officials to foster informational programs and activities; (4) establishes and provides technical assistance on standards, procedures, and systems governing the management of public affairs operations within HSA; and (5) insures effectiveness of public affairs programs and operations through ongoing evaluation for accuracy and appropriateness.

Office of Audiovisual Communications (3AA309). (1) Develops and implements policies and guidelines on the use of audiovisual materials in fostering HSA programs and projects; (2) provides technical assistance to HSA operating Bureaus on the application of audiovisual techniques and the production of audiovisual materials; and (3) provides complete audiovisual services as required, including the planning and production of audiovisual materials for use by the media and the overseeing of production of audiovisual materials by contractors.

Office of Planning, Evaluation and Legislation (3AA5). Under the direction of the Associate Administrator for Planning, Evaluation and Legislation who is a member of the Administrator's immediate staff: (1) Serves as the Administrator's primary staff unit and principal source of advice on program planning, program evaluation, operational planning, regulation development, and legislative affairs; (2) develops in collaboration with financial management staff the long-range program and financial plan for the Administration; (3) oversees, in coordination with the Office of the Assistant Secretary for Health, communications between HSA and higher levels of government (including the Office of the Secretary, the Office of Management and Budget, and Congress) on all matters that involve long range plans, the regulation development process, evaluations of program performance, or legislative affairs; (4) develops long range goals, objectives, and priorities for HSA; (5) directs all activities within HSA which have the goal of comparing the costs of the agency's programs with their benefits, including the preparation and implementation of comprehensive program evaluation plans; (6) oversees the development of annual operating objectives and coordinates HSA's participation in the operational planning system; (7) directs all the legislative affairs of HSA, including the development of legislative proposals and a legislative program; (8) acts

as the focal point in HSA for the preparation, development, and monitoring of program regulations; and (9) conducts policy analyses and develops policy positions in programmatic areas for HSA.

Office of Analysis (3AA503). (1) Participates in the analysis of policy issues in the planning, evaluation, regulation, and legislative areas, using its own staff expertise on each one of HSA's programs; (2) provides technical assistance to support the statistical, economic, operations research, and other scientific analyses of policy questions undertaken in HSA; (3) provides technical assistance to the other components of the Office of Planning, Evaluation, and Legislation; (4) analyzes trends and makes forecasts about national health services delivery systems for use in the program management and decision-making process; and (5) develops appropriate roles for Federal health service delivery programs in achieving solutions to problems of illness and disease.

Office of Evaluation and Operational Planning (3AA505). (1) Serves as the Administrator's primary staff unit and principal source of advice on operational planning and program evaluation; (2) oversees communications between HSA and higher levels of government on all matters that involve operational objectives or evaluation of program performance; (3) maintains liaison with other Federal and non-Federal health agencies on matters within its area of responsibility; (4) directs all activities within HSA which have the goal of comparing the costs of the agency's programs with their benefits; (5) identifies for the Administrator any missing program performance data required for use in the management and direction of HSA programs; (6) prepares and implements comprehensive program evaluation strategies to obtain needed evaluative data; (7) monitors on-going information systems which produce evaluative data about the agency's programs; (8) performs analyses of the impact of agency programs on specific groups within the population including minorities; (9) oversees the development of annual operating objectives and coordinates HSA's participation in the operational planning system; (10) collects and analyzes periodic reports of progress toward the achievement of annual objectives; (11) identifies problem areas in achieving operational objectives and recommends actions to be taken in response to those problems; and (12) provides staff support for the Administrator on matters involving management conferences with higher level officials.

Office of Program Planning (3AA507). (1) Serves as the Administrator's primary staff unit and principal source of advice on program planning; (2) oversees communications between HSA and higher levels of government on all matters that involve program plans; (3) maintains liaison with other Federal and non-Federal health agencies on matters within its areas of responsibility; (4)

develops long range goals, objectives, and priorities for HSA; (5) develops in collaboration with financial management staff the long-range program and financial plan for the Administration; (6) analyzes budgetary data with regard to planning guidelines; (7) prepares policy analysis papers and other planning documents as required in HSA's forward planning process and (8) collaborates with the Office of Management in the development of the current and budget year financial plans.

Office of Legislation (3AA509). (1) Serves as the Administrator's primary staff unit and principal source of advice on legislative affairs; (2) acts as the focal point in the agency for the preparation, development, and monitoring of HSA's regulations; (3) oversees communications between HSA and higher levels of government on all matters that involve legislative affairs and regulation development; (4) oversees the legislative affairs of HSA; (5) develops legislative proposals and a legislative program for HSA's area of responsibility; (6) prepares HSA's analyses, position papers, and reports on proposed legislation; (7) assists in the preparation of testimony and backup materials on HSA legislative program for presentation to Congressional Committees; (8) monitors hearings and Congressional activities affecting HSA; (9) coordinates the preparation of information requested by, and provides technical assistance to, Congressional Committees, Members of Congress, or their staffs in relation to HSA's legislative program and (10) coordinates the distribution of legislative materials and serves as a legislative reference center.

Office of Management (3AA9). Under the direction of the Associate Administrator for Management, who is a member of the Administrator's immediate staff: (1) Provides Administration-wide leadership, program direction, and coordination of all phases of management; (2) provides management expertise, and staff advice and support to the Administrator in program and policy formulation and execution; (3) plans, directs and coordinates the Administration's activities in the areas of management policy, financial management, personnel management, grants and contracts management, procurement, real and personal property accountability and management, systems management, and administrative services; (4) plans and conducts an Equal Employment Opportunity program for the Office of the Administrator; and (5) provides direction to the Executive Officer for the Office of the Administrator.

Office of Contracts and Grants (3AA903). (1) Formulates and issues Administration policies, procedures, standards and instructions for procurement management (including negotiated contracts) and grants management; (2) provides advice and consultation on interpretation and application of regulatory issuances, and Department and PHS policies and procedures affecting procurement (contracting) and grants management; (3) establishes standards and guides for, and evaluates the Adminis-

tration's grants and procurement management operations; (4) compiles, analyzes and publishes data essential to the administration of contracting and grants activities; (5) executes, administers and terminates negotiated contracts; (6) reviews and recommends action concerning requests for waivers, appeals, deviations, determinations and findings, and protects against awards required to be directed to the Office of the Secretary; (7) coordinates Administration positions and actions with respect to grants audit requirements and results; and (8) exercises surveillance over the exercise of delegated procurement authorities by HSA field installations.

Office of Financial Management (3AA905). (1) Collaborates in the development of the long range program and financial plan for the Administration; (2) develops policies and instructions for budget preparation and presentation; (3) prepares budget submissions; (4) participates in budget hearings; (5) allocates resources, dollars and positions; (6) manages a system of budgetary fund and position controls; (7) directs planning and implementation of fiscal systems and procedures; (8) provides accounting services for activities of the Office of the Assistant Secretary for Health, Health Services Administration, Health Resources Administration, Alcohol, Drug Abuse, and Mental Health Administration, and Center for Disease Control; (9) prepares financial reports; (10) participates in development of policies and procedures concerning financial aspects of grants and negotiated contracts; (11) furnishes financial advice to contracting officers; and (12) maintains liaison with the Office of the Assistant Secretary for Health, Office of the Secretary, and Office of Management and Budget.

Office of Management Policy (3AA907). (1) Conducts organization and management studies and surveys; (2) initiates or reviews proposals for establishing or modifying organizational structure or function, delegations of authority, and management objectives, policies, and standards; (3) negotiates solutions to intra- and inter-agency problems of organization, functions, delegations, procedures, or coordination; (4) conducts Administration-wide management improvement programs including manpower utilization and productivity measurement; (5) participates in program and legislative planning to assure recognition of management problems; (6) manages the documentation and issuance system of the Administration; (7) provides staff support in the establishment, organization, operation, and termination of HSA public advisory committees; and (8) conducts the records and forms management programs of the Administration.

Office of Personnel (3AA909). (1) Plans, directs, and coordinates personnel management programs to meet the particular needs of the Health Services Administration; (2) provides personnel management advisory services to the Administrator, Associate Administrator for Management, and other key officials

throughout the Administration; (3) develops policies, procedures, and standards for personnel matters involving both Commissioned Officers and civil service employees in those areas where special Health Services Administration requirements exist; (4) provides staff guidance and support to headquarters and field components in the areas of manpower planning, employment, employee development, upward mobility, labor relations, employee relations, security, position and pay management and in the self-evaluation of personnel activities; and (5) maintains liaison with the Office of the Assistant Secretary for Health, the Office of the Secretary, the Civil Service Commission, and other agencies concerned with personnel management.

Office of Property Management (3AA911). (1) Plans, directs, and coordinates property management programs (including personal and real property) covering Headquarters and field activities; (2) provides advice on matters relating to the development and execution of property management policies and programs; (3) develops procedures and provides training for property management operations; (4) interprets regulatory issuances and provides guidance and technical assistance in property management areas; (5) evaluates Health Services Administration property management programs, systems and activities (including on-site reviews); (6) administers a Health Services Administration-wide program for safety management; (7) administers the Perry Point Supply Service Center and (8) maintains necessary liaison with other organizations concerned with property management activities.

Office of Systems Management (3AA913). (1) Serves as the focal point in HSA for the development of Agency-wide systems and for ADP policy, planning, and evaluation; (2) Facilitates coordination within the Administration to ensure compatibility between Administration, PHS, and Department ADP activities; (3) Develops HSA information systems; (4) Develops and implements an HSA ADP evaluation program to evaluate ADP resource utilization and to assess the utility of computer application systems; (5) Establishes the Data Base Administration program within HSA; (6) Develops, operates, and manages the Parklawn central computer facility performing a service function for CDC, HRA, HSA, OASH, and ADAMHA, and providing services to other Federal components as requested; (7) Coordinates with officials of these organizations to ensure that operational equipment and systems needs are met and that adjustments are made as changes in Program emphasis occur; (8) Participates in the development of Public Health Service-wide information systems; (9) Evaluates and obtains data management systems and other software to meet user information system requirements; (10) Participates in audits of information systems; (11) Participates in the development and implementation of a PHS National-wide communications network; and (12) De-

develops and implements a program to evaluate ADP resource utilization within the Parklawn complex.

Executive Office (3AA915). (a) For the Office of the Administrator plans, directs, and coordinates administrative management activities; (b) Provides administrative management services including personnel, financial, materiel management and general administrative services; (c) Develops and implements management policies, procedures, systems and practices; (d) Serves as the focal point for liaison with the Office of the Assistant Secretary for Health on financial, personnel, organization, supply, and other management concerns of OA; and (e) Acts for the Associate Administrator for Management concerning space, parking, and communications management for HSA headquarters and represents him in matters relating to the management of the Parklawn Building.

BUREAU OF COMMUNITY HEALTH SERVICES (3B00)

The Bureau of Community Health Services serves as a national focus for efforts to improve the organization and delivery of health services in the context of the major health care financing programs. To this end, the Bureau (1) facilitates the development of locally-based programs of health services delivery; (2) initiates activities which provide alternate methods of health service delivery and health maintenance; (3) enhances the capacity of existing health service programs for full participation in the major public health financing systems—Medicare and Medicaid; (4) administers programs providing specific services to specific populations including family planning, maternal and child health care, and migrant care; (5) directs programs, including the National Health Service Corps, which assure accessibility to health care in underserved areas; and (6) improves quality and contains costs of services provided in grant-initiated health service delivery programs.

Office of the Director (3B01). (1) Provides leadership and direction for Bureau activities including Equal Employment Opportunity, and control of written communications; (2) provides guidance and coordination to each major categorical program provided for by legislation or appropriation, by acting as a central point of reference for program continuity and information; (3) establishes program policies, goals and objectives; (4) provides program development and support services for Bureau activities; (5) communicates and interprets program policies, guidelines, and priorities to Regional Offices; (6) stimulates, coordinates and evaluates development and progress of the Bureau activities; (7) maintains relationships with HSA, other HEW operating agencies, other Federal agencies, and through the Regional Offices, State and local governments, consumer groups, and national organizations concerned with health affairs.

Program Office of National Health Service Corps (3B14); Program Office for Maternal and Child Health (3B05); Program Office for Family Planning (3B06); Program Office for Migrant Health (3B07); Program Office for Neighborhood Health Centers (3B08); Program Office for Health Maintenance Organizations (3B09).

Under the direction of an Associate Bureau Director who is a member of the Bureau Director's immediate staff: (1) Carries out the Bureau of Community Health Service's nationwide role in efforts to improve the organization and delivery of health services by serving as both the advocate and point of accountability for the specific categorical programs; (2) develops and establishes national policies and objectives for such programs; (3) provides leadership and direction for legislative activities in the program area, including both the development of proposals and plans and the interpretation of enacted legislation and reports; (4) develops long and short-range program goals and objectives; (5) is accountable for the administration of funds and other resources for grants, contracts, and technical assistance, utilizing the full resources of the Bureau in fulfilling the program's mission and responsibilities; (6) tracks BCHS and Regional Office activities in program matters to insure that delegated responsibilities are being carried out, including direct and indirect communications, Regional Office conferences and field visits as warranted; (7) coordinates the development of, and establishes regulations, guidelines, and standards for professional services, and for the effective organization and administration of health programs, and the improvement of health services and staff development specific to the program of concern; (8) interprets policies, regulations, guidelines, standards, and priorities to higher echelons, within PHS, to Regional Offices, grantee agencies, institutions and organizations; (9) provides coordination with other programs providing health services including voluntary official and other community agencies; (10) establishes and provides liaison in program matters with other programs within BCHS and HSA, within PHS, with the Department and with other Federal agencies, consumer groups and national organizations concerned with health matters, and through the Regional Offices, with State and local governments.

Office of Program Support (3B19). (1) Plans, directs, and evaluates the administrative management support activities of the Bureau; (2) provides guidance to the Bureau on financial management activities, including program policy interpretation in budget formulation and execution, preparation of program planning and budgeting data and financial management of grants; (3) participates and advises the Bureau Director in the allocation of the Bureau's personnel and funding resources; (4) interprets and implements agency management policies, procedures and systems and develops ad-

ditional policies and procedures to satisfy other internal management requirements of the Bureau; (5) interprets policy and provides direction in the conduct of the Bureau's contract and formula and project grant activities; (6) provides program support services to the operating components of the Bureau on matters relating to the professional public and other Federal and non-Federal organizations; (7) provides administrative support services to the programs of the Bureau in the conduct of day-to-day operations; (8) serves as the Bureau Director's principal advisor on all matters relating to Bureau management and administrative support activities; and (9) maintains close liaison with the Associate Administrator for Management, HSA, with other officials of the Office of the Administrator, HSA, and as required and appropriate with officials of the Office of Assistant Secretary for Health and the Office of the Secretary on matters relating to the Bureau management and administrative support activities.

Office of Program Development (3B31). (1) Serves as the Bureau Director's principal staff arm for program planning and coordination, including the development of program alternatives and policy positions; (2) oversees planning and tracking functions in support of policy formulation and program implementation; (3) advises the Bureau Director and his immediate staff on program policy and operational implications arising from activities of the Office; (4) collaborates with the Program Support Office in the development and implementation of the 5-year program and financial plan for the Bureau's program planning and budgeting system; (5) coordinates the development of legislative program with planning; and (6) conducts special inquiries and studies.

Division of Policy Development (3B41). (1) Directs and administers the development of (a) policy, regulations, guidelines, related standards necessary for the operation, management and evaluation of legislated health care programs administered by the Bureau; and (b) criteria, methods and guides for program performance, and for the annual allocation of funding resources; (2) provides related consultation to Regional Office staffs, and through the Regional Offices, to State and local agencies, grantees and other representatives of the health care delivery system.

Division of Clinical Services (3B45). (1) Plans, directs, administers and coordinates the Bureau's Clinical Services and related professional health care activities at both the national and international level through programs of grants, contracts and direct staff consultation, guidance and technical assistance support; (2) establishes program objectives, standards and policies for guidance, through the Regional Offices, of state, local and other concerned organizations; (3) administers programs for: (a) research and development, (b) applied research in maternal and child health, crippled children and family planning

services, (e) staff training and development for regional, state and local agencies and grantees, and (d) areas of special concern such as mental retardation, lead poisoning, metabolic disorders, etc.; (4) collaborates in the development and dissemination of materials on research findings, trends and developments and other appropriate informational and educational matters.

Division of Health Services Financing (3B51). (1) Directs and administers the development of (a) policy, standards, and strategies in the organization and administration of financial and related business management aspects of health care programs administered by the Bureau, (b) mechanisms for determining the need, the present status, and the potential capability for maximizing third party reimbursement, (c) new or improved technologies, and practices for management of financial systems, and (d) measures and indicators of the effectiveness of these systems; (2) provides related technical advice and consultation to Regional Office staffs, and through Regional Offices to State and local agencies, grantees and other representatives of the health care delivery system; (3) collaborates with other Bureau organizations to facilitate the use and dissemination of research findings and to inform the public about the health delivery needs, trends, and developments of special population groups served by the Bureau.

Division of Organization Development (3B55). (1) Directs and administers a program to improve the organization and structure of health care delivery systems based on analyses of deficiencies in existing systems so as to reduce costs and increase quality and efficiency; (2) participates in the development and assessment of measures and indicators of program effectiveness; (3) provides related consultation to Associate Bureau Directors, PHS Regional Office staffs, State and local agencies, grantees and other representatives of the health care delivery system.

Division of Monitoring and Analysis (3B59). (1) Plans, directs, and administers: (a) the development, management, and application of evaluative tools and indicators to measure State, local and other grantee performance, (b) the monitoring, through Regional Offices, of the performance of Bureau health care projects, including PHS Regional Office management of these projects, as it relates to the efficiency and quality of services provided, and (c) the conducting of analyses and studies designed to supplement knowledge of existing patterns and trends in health care delivery systems in order to identify gaps in services and develop cost and quality comparisons and relative benefits of delivery mechanisms; and (2) provides and coordinates consultative services to PHS Regional Offices, and through the Regional Offices, to State and local agencies, and others responsible for the health care delivery system.

BUREAU OF QUALITY ASSURANCE (3H00)

Provides national leadership and direction to efforts to assure that health

care services provided under the Medicare, Medicaid and other Federal programs are medically necessary and furnished in the most economical manner consistent with recognized professional standards of care, and serves as the national focus for assuring accountability to health care consumers for the quality of health care services. To this end, the Bureau: (1) In coordination with the Social Security Administration (SSA) the Social and Rehabilitation Service (SRS), and components of the Public Health Service (PHS): (a) Develops quality assurance standards and appropriate health policies, coordinates their implementation among the health programs for which the Federal government has responsibility, and evaluates their impact on the utilization, quality and cost of health care services; (b) develops conditions and standards of participation for providers and suppliers of health services under the Medicare and Medicaid programs, including health and safety standards, and coordinates their application, monitoring and appraisal; (c) develops, interprets, and implements policies for professional standards review and related peer review and utilization review programs and Medicare and Medicaid including responsibility for entering into agreements with Professional Standards Review Organizations (PSROs) and Professional Standards Review (PSR) State Councils; (d) develops, interprets, and evaluates health care and health-related policies with respect to the implementation of the End-Stage Renal Disease provision of the Social Security Act, and coordinates with Medicare the implementation and monitoring of these policies; (e) develops and implements principles of reimbursement for PSROs, PSR State Councils, and develops policies with respect to the operational aspects of peer and utilization review programs including their monitoring, and evaluation; (2) identifies issues for Office of the General Counsel (OGC) analysis on such legal and technical aspects as peer review, utilization review and health standards policies; (3) determines information and data reporting, collection, and systems requirements for PSRO, and coordinates their implementation with SSA, SRS, and the Health Resources Administration (HRA); (4) in cooperation with SSA and HRA, determines information requirements and develops systems to implement such requirements to assure the quality of services provided under the End-Stage Renal Disease Program; (5) coordinates activities of other agencies involved in the monitoring and appraisal of peer review and health-related Federal programs to determine the impact on quality, utilization access, and cost of care; (6) in collaboration with HRA undertakes demonstration and research projects to develop improved methods and techniques for conducting peer review and assuring quality of care; (7) conducts ongoing programs of informational and technical advice and assistance to peer review organizations and the medical community generally; (2) provide programmatic and technical direction to the PHS Regional Office staffs responsi-

ble for peer review and health standards programs, and (9) provides analytic and technical support to the National Professional Standards Review Council.

Office of the Director (3H01). (1) Provides leadership and general direction to Bureau activities including Equal Employment Opportunity and the control of written communication, and provides guidance and coordination to each major Bureau component by acting as a central point of reference for program continuity and information; (2) establishes Bureau policies, goals, and objectives; (3) communicates and interprets program policies, guidelines, and priorities to PHS Regional Offices; (4) coordinates and evaluates development and progress of the Bureau activities; and (5) maintains relationships with other HEW operating agencies, other Federal agencies, State and local governments, consumer groups, and national organizations concerned with health affairs.

Office of Program Support (3H19). (1) Plans, directs, and evaluates the administrative management support activities of the Bureau; (2) Provides guidance to the Bureau on financial management activities, including program policy interpretation in budget formulation and execution, preparation of program planning and budgeting data and financial management of agreements; (3) participates and advises the Bureau Director in the allocation of the Bureau's personnel and funding resources; (4) interprets and implements agency management policies, procedures and systems and develops additional policies and procedures to satisfy other internal management requirements of the Bureau; (5) interprets policy and provides direction in the conduct of the Bureau's contract and agreement activities; (6) provides program support services to the operating components of the Bureau on matters relating to the professional public and other Federal and non-Federal organizations; (7) provides administrative support services to the programs of the Bureau in the conduct of day-to-day operations; (8) serves as the Bureau Director's principal advisor on all matters relating to Bureau management and administrative support activities; and (9) maintains close liaison with the Associate Administrator for Management, HSA, with other officials of the Office of the Administrator, HSA, and as required and appropriate with officials of the Office of Assistant Secretary for Health and the Office of the Secretary on matters relating to the Bureau management and administrative support activities.

Office of Program Development (3H11). (1) Serves as the Bureau Director's principal staff arm for program planning and coordination, including the development of program alternatives and policy positions; (2) oversees planning and tracking functions in support of policy formulation and program implementation; (3) advises the Bureau Director and his immediate staff on program policy and operational implications arising from activities of the Bureau; (4) collaborates with the Office of Program Support and operating Divisions in the

development and implementation of the 5-year program and financial plan for the Bureau's program planning and budgeting system; (5) coordinates the development of information relating to the legislative needs of the Bureau; and (6) conducts special inquiries and studies.

Division of Provider Standards and Certification (3H41). (1) In coordination with SSA, SRS, and components of PHS, develops, evaluates, and implements health and safety standards and other medical care policies for providers and suppliers of health services under Medicare, Medicaid, and other Federal reimbursement and support programs; (2) in participation with SSA, SRS, and other components of HEW, administers, monitors and evaluates the HEW health provider and supplier certification programs; (3) participates with SSA and SRS in the conduct of training, informational, and other activities for improving the provider and supplier certification program; (4) provides consultation on provider and supplier standards and their implementation to other Federal agencies, Regional Offices, State health departments, and other State and local agencies; (5) in cooperation with SSA, plans, develops, and implements the medical and other health-related policies for the End-Stage Renal Disease Program; and (6) participates as the Bureau focal point in policy operations and procedural matters relative to long-term care activities.

Division of Peer Review (3H43). In coordination with SRS and SSA: (1) Plans, directs, and develops peer review and quality assurance policies, including utilization review, medical review, and independent professional review; (2) develops policies and procedures for the application of norms and professional standards of care; and (3) defines and develops policies and procedures related to the application and implementation of peer review programs.

Division of PSRO Program Operations (3H45). (1) Coordinates with SSA and SRS the implementation and ongoing operational activities of Federal programs including Medicare and Medicaid, with respect to peer and utilization programs, and other quality assurance policies; (2) develops, implements, and applies with SSA and SRS on an ongoing basis policies relating to fiscal management of peer review program, including the principles of reimbursement for PSROs and PSR State Councils, the budgeting, accounting, reports management, statistical reporting, and auditing requirements applicable to such peer review organizations and PSR State Councils; (3) directs the administration in coordination with SSA-SRS, and evaluation of peer review and quality assurance program management policies including the application of policies and guidelines relating to the organization, membership and management of PSROs and State Councils, the negotiation of PSRO agreements in collaboration with PHS Regional staff, and the coordina-

tion with the Office of Regional Operations, Office of the Assistant Secretary for Health, the Regional operations and relationships among SSA-SRS-PHS Regional staffs; (4) provides advice and assistance to PHS Regional offices, PSROs, and State Councils with respect to fiscal and program management activities; and (5) prepares issues for OGC analyses relating to legal aspects of peer review and quality assurance and coordinates with SSA-SRS-OGC the development of appropriate policies with respect to legal aspects of peer review and quality assurance programs.

Division of Program Appraisal and Data Planning (3H47). (1) Develops, in collaboration with SSA-SRS-HRA, peer review data systems policies, procedures, and requirements, including specifications of peer review data systems required for effective implementation of the PSRO provisions of the Social Security Act; (2) in coordination with other appropriate components of DHEW, develops policies for the evaluation and evaluates the impact of peer review activities on the utilization, quality and cost of health services; (3) coordinates the development, monitoring, and evaluation of peer review demonstration projects, experimental projects and special research projects designed to elicit information or data relevant to the formulation and implementation of policies on peer review, health standards, and the End-Stage Renal Disease Program; (4) in collaboration with SSA, and other Bureau components, assists in evaluating the impact of End-Stage Renal Disease Program; and (5) designs and implements statistical and other reporting systems necessary to carry out effectively health program monitoring and evaluation activities.

INDIAN HEALTH SERVICE (3S00)

The Indian Health Service (IHS) assures a comprehensive health services delivery system for American Indians and Alaska Natives with sufficient options to provide for maximum tribal involvement in meeting their health needs. The goal for the Indian Health Service is to raise the health level of the Indian and Alaska Native people to the highest possible level.

To carry out its mission and to attain its goal, the Indian Health Service: (1) Assists Indian tribes in developing their capacity to man and manage their health programs through activities including health and management training, technical assistance, and human resource development; (2) facilitates and assists Indian tribes in coordinating health planning in obtaining and utilizing health resources available through Federal, State, and local programs, in operation of comprehensive health programs, and in health program evaluation; (3) provides comprehensive health care services, including hospital and ambulatory medical care, preventive and rehabilitative services, and development of community sanitation facilities; (4) serves as the principal Federal advocate for Indians in the

health field to assure comprehensive health services for American Indians and Alaska Natives.

Office of the Director (3S01). Provides overall direction and leadership for the Indian Health Service by: (1) Establishing goals, objectives, policies and priorities in pursuit of the IHS mission; (2) delivering high quality, comprehensive health service; (3) coordinating the Indian Health Service activities and resources internally and externally with those of other governmental and non-governmental programs, promoting optimum utilization of all available health resources; (4) developing and demonstrating alternative methods and techniques of health services management and delivery providing Indian tribes and other Indian community groups with optional ways of participating in the Indian health program; and (5) developing individual and tribal capacities to participate in the operation commensurate with means and modalities which they deem appropriate to their needs and circumstances.

Office of Tribal Affairs (3S11). The Office: (1) Advises on the tribal affairs implications of Service policies, plans, and programs and operations; (2) coordinates the development of optimal, supportive relationships with tribal governments, intertribal governing bodies, national Indian interest groups, and other individuals and groups interested and active in Indian affairs; (3) participates in the Service-wide executive policy formulation and execution.

Office of Program Support (3S19). The Office: (1) Provides management support services for the Indian Health Service; (2) maintains official policy manuals; (3) advises on the management services implications of the Service policies, plans, programs and operations.

Office of Research and Development (3S20). The Office: (1) Develops and demonstrates new methods and techniques for Indian community participation in and management of their health program; (2) provides consultation and technical assistance to all operating and management levels of the Indian Health Service and Indian tribes in the evaluation, design and implication of health management systems and health delivery systems; (3) coordinates health research and development activities within the Service directed to the improvement of the health of the Indian people.

Division of Program Formulation (3S32). (1) Coordinates formulation of Service-wide executive policy and participates in its execution; (2) coordinates the development of program strategies and innovative directions for the Service, and advises on the strategic implications of program and management policies, plans and operations; (3) assists in the formulation, and evaluation of legislation and regulations; (4) provides Service-wide leadership in the development of long-range plans and planning strategies, and the evaluation of health needs and operations in relation to

Service strategies, policies and long-range plans.

Division of Program Operations (3S34). (1) Participates in Service-wide executive policy formulation and execution; (2) advises on the operational implications of the Service's plans, programs and operations; (3) provides Service-wide leadership in program operations and internal coordination in relation to Service goals, objectives, policies and priorities; (4) provides direction and coordination for day-to-day operations of Area Offices.

Division of Indian Community Development (3S42). (1) Participates in Service-wide executive policy formulation and execution; (2) identifies the needs for and characteristics of optional methods and techniques for Indian program participation; (3) implements new methods and techniques for Indian community participation in and management of their health programs; (4) coordinates provision of technical assistance, training and consultation to tribes and other Indian communities desiring to implement local control options; (5) advises on the Indian community development implications of the Service's plans, programs and operations; (6) provides direction and coordination for day-to-day operations of special programs.

Division of Resource Coordination (3S44). (1) Participates in the Service-wide executive policy formulation and execution; (2) provides leadership in coordinating development of optimal liaison with governmental agencies and organizations within the Department of Health, Education, and Welfare and without, which have authorities, programs and resources applicable, or potentially applicable to Indian health needs; (3) advises on the resource coordination implications of Service policies, plans, programs and operations; (4) coordinates development of the Service budget; (5) coordinates the development and implementation of health services standards, quality control, evaluation of health programs, and operational planning activities.

BUREAU OF MEDICAL SERVICES (3U00)

The Bureau of Medical Services provides direct health care services and support for such services to certain legal beneficiaries of the Public Health Service, including meeting the occupational health needs of Federal employees, and provides national leadership to assist and encourage the development of comprehensive area emergency medical services systems. To this end the Bureau provides: (1) Comprehensive direct health care for designated Federal beneficiaries and selected community groups; (2) Occupational health care and safety services for Federal employees; (3) Training for health services personnel; (4) The conduct of intramural clinical and health services research; (5) National leadership for assistance and guidance in the development, improvement, expansion, and integration of comprehensive area emergency medical services systems.

Office of the Director (3U01). (1) Provides leadership and general direction to Bureau activities, including Equal Employment Opportunity and the control of written communication, and provides guidance and coordination to each major Bureau component by acting as a central point of reference for program continuity and information; (2) Establishes Bureau policies, goals, and objectives; (3) Communicates and interprets program policies, guidelines, and priorities to the PHS Regional Offices; (4) Coordinates and evaluates development and progress of the Bureau activities; and (5) Develops and directs a comprehensive medical program for prisoners in Federal prisons and correctional institutions; and development and progress of the Bureau activities; and (6) Maintains relationships with other HEW operating agencies, other Federal agencies, State and local governments, consumer groups, and national organizations concerned with health affairs.

Office of Program Development (3U14). Provides staff support to the Bureau Director for: (1) Program planning and evaluation, including development of improved methodologies for planning and evaluation; (2) consultation and guidance in policy development for the Bureau; and (3) leadership, guidance, and coordination for Bureau professional and technical health manpower development responsibilities.

Office of Program Support (3U19). Plans, directs, and coordinates the Bureau's management activities, including: (1) The development, coordination, and evaluation of administrative program, policies and procedures; (2) the conduct and coordination of the Bureau's financial management, materiel management, and data management programs; (3) participation in administrative staff recruitment, training and assignment; (4) provision of consultative services to and continuing liaison with other programs of the Public Health Service; (5) provision of architectural and engineering services in collaboration with the PHS Office of Resource Management; and (6) the formulation, implementation, coordination, and evaluation of legislation, regulations, policies, instructions, and procedures as they affect the Bureau.

Division of Federal Employee Health (3U45). (1) Provides on, and stimulates the development of, and improved occupational health and safety programs throughout the Government; (2) elevates upon request Federal agency occupational health services in relation to standards; (3) administers employee occupational health programs for other Federal agencies on a reimbursable basis; (4) conducts research studies, training and demonstration projects; (5) develops occupational medical standards and methods for Federal employee occupational health programs; and (6) promotes activities designed to protect the working health and safety of Federal employees in order to maximize their productivity.

Division of Hospitals and Clinics (3U55). (1) Directs and coordinates the

provision of direct health and medical services to certain legal authorized beneficiaries in PHS hospitals and outpatient clinics, including care by contract physicians and hospitals; (2) coordinates, with other elements of the Bureau, the requirements and resources necessary for effective beneficiary services; (3) provides for training and manpower development, the coordination of research activities, and special health programs and projects of the Bureau; and (4) develops and directs a comprehensive medical services program for Federal employees who sustain an injury or illness as a result of their employment and provides technical advice in the adjudication of compensation claims.

Division of Emergency Medical Services (3U61). Provides national leadership for assistance, guidance, and encouragement in the development, improvement, expansion, and integration of comprehensive area emergency medical services systems to meet the needs of States and local communities and other eligible entities pursuant to the Emergency Medical Services System Act of 1973 (Pub. L. 93-154). To this end, (1) Serves as the focal point within the Department for the development of objectives, plans, and policies for all aspects of an emergency medical services systems program; (2) promulgates national standards and guidelines for emergency medical services systems; (3) coordinates emergency medical services systems activities within the Department and with Federal and other agencies, consumer groups, and professional organizations; (4) provides staff and support for the Interagency Committee on Emergency Medical Services; (5) collects, analyzes, catalogues and disseminates data useful in the development and evaluation of emergency medical services systems; (6) provides budget authority and technical cooperation to the Health Resources Administration for implementation of emergency medical services systems research and training; (7) through the PHS Regional Offices, provides grants and contracts to States, communities, and other eligible entities in the planning, development, initial operation, and improvement and expansion of their emergency medical services systems and subsystems; (8) through the PHS Regional Offices and the Headquarters office, provides technical assistance and consultation to States, communities, and organizations in the development of emergency medical services systems and subsystems.

Division of Coast Guard Medical Services (3U71). (1) Develops and directs a comprehensive medical program for military personnel of the Coast Guard; and (2) provides medical and dental care to Coast Guard military personnel and eligible dependents through hospitals, clinics, infirmaries, sick bays, motorized dental units, and contract resources located throughout the United States and foreign countries and aboard Coast Guard vessels.

101.0

Sec. 3-C *Order of succession.* During the absence or disability of the Administrator or in the even of a vacancy in that office the first official listed below who is available shall act as Administrator, except that during a planned period of absence the Administrator may specify a different order of succession.

(1) Deputy Administrator; (2) Associate Administrator; (3) Director of Indian Health Service; (4) Director of Federal Health Programs Service; (5) Director of the Bureau of Community Health Services; and (6) Director of the Bureau of Quality Assurance.

Sec. 3-D *Delegations of authorities.* (1) The Administrator shall continue to exercise all authorities given to him under the Reorganization Order, effective July 1, 1973 (38 FR 18261, July 9, 1973), and under the Redelegation by the Assistant Secretary for Health, effective July 1, 1973 (38 FR 18260, July 9, 1973). All delegations or redelegations to any other officer or employee of the Health Services Administration which were in effect immediately prior to July 1, 1973, continue in effect in them or their successors, pending issuances of redelegations.

Dated: March 12, 1974.

S. H. CLARKE,
*Acting Assistant Secretary
for Administration and Management.*

[FR Doc.74-6373 Filed 3-19-74;8:45 am]

D. THE FOOD AND DRUG ADMINISTRATION

Office of the Secretary
FOOD AND DRUG ADMINISTRATION
 Statement of Organization, Functions, and
 Delegations of Authority

Part 6 (Food and Drug Administration) of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health, Education, and Welfare (35 F.R. 3685-92, dated February 25, 1970, as amended) is amended to reflect the disestablishment of the Bureau of Product Safety:

1. Section 6A is amended as follows:

Sec. 6A *Mission*. The mission of the Food and Drug Administration (FDA) is to protect the public health of the Nation as it may be impaired by foods, drugs, biological products, cosmetics, medical devices, ionizing and nonionizing radiation-emitting products and substances, poisons, pesticides, and food additives. FDA's regulatory functions are geared to insure that: Foods are safe, pure, and wholesome; drugs, medical devices, and biological products are safe and effective; cosmetics are harmless; all of the above are honestly and informatively packaged; and that exposure to potentially injurious radiation is minimized.

2. Section 6B is amended as follows:

Section 6B *Organization*.

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(p) Deleted.

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Effective Date. May 14, 1973.

Dated June 22, 1973.

ROBERT H. MARIK,
*Assistant Secretary for
 Administration and Management.*
 [FR Doc.73-13335 Filed 6-29-73;8:45 am]

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Office of the Secretary

FOOD AND DRUG ADMINISTRATION

Statement of Organization, Functions, and Delegations of Authority

This amendment to the Statement of Organization, Functions, and Delegations of Authority of the Department of Health, Education, and Welfare, reflects the implementation of the Reorganization Order signed by the Secretary on January 5, 1970 (35 F.R. 606-7) effective February 1, 1970, with respect to the organization of the Food and Drug Administration as an operating agency of the Department. There is hereby established a new Part 10 of the Department's Statement for the Food and Drug Administration as set forth below. Those provisions in Part 3 (Consumer Protection and Environmental Health Service) of the Department's Statement of Organization, Functions, and Delegations of Authority which are inconsistent with the provisions of the new Part 10 are superseded herewith.

Sec. 10-A Mission. The mission of the Food and Drug Administration (FDA) is to protect the public health of the Nation as it may be impaired by foods, drugs, cosmetics, therapeutic devices, hazardous household substances, poisons,

pesticides, food additives, flammable fabrics and various other types of consumer products. FDA's regulatory functions are geared to insure that: Foods are safe, pure, and wholesome; drugs are safe and effective; cosmetics are harmless; therapeutic devices are safe and effective; all of the above are honestly and informatively labeled and packaged; dangerous household products carry adequate warnings for safe use and are properly labeled; counterfeiting of drugs is stopped; and that hazards incident to the use of various types of consumer products are reduced.

Sec. 10-B Organization. The Food and Drug Administration is administered by a Commissioner under the direction of the Assistant Secretary for Health and Scientific Affairs. The Food and Drug Administration consists of the following major components with the functions as indicated:

(a) *Immediate office of the Commissioner.* The Commissioner and the Deputy Commissioner are responsible for the efficient and effective implementation of FDA's mission.

(b) *Office of the Associate Commissioner for Compliance.* Functions as principal advisor to the Commissioner on regulations and compliance-oriented matters which impact on policy and direction and long-range program goals. Evaluates and coordinates FDA's overall compliance effort to assure optimum use of FDA resources (combined with other Federal, State, and local resources), a balance between voluntary and regulatory compliance, and FDA responsiveness to consumer needs. Stimulates an awareness within the Agency of the need for prompt and positive action to secure compliance by the regulated industries. Directs and coordinates the regulation-making activities of the Food and Drug Administration and the preparation of Federal Register material.

Operates FDA emergency preparedness and civil defense program.

Coordinates relationships with other nations, foreign firms, and international groups concerning compliance matters.

(c) *Office of the Associate Commissioner for Science.* Functions as principal advisor to the Commissioner on scientific matters which impact on FDA policy and direction and long-range program goals.

Provides leadership on scientific matters and stimulates scientific and technological achievement in FDA.

Serves as chairman of an internal science advisory council composed of scientists representing the bureaus which advise on scientific policy and in the coordination of the scientific activities of FDA.

Provides program and professional leadership concerning the development, application, and evaluation of research, training, and fellowship grant activities.

Coordinates scientific relationships with international groups and other nations; coordinates the preparation of international travel plans and prepares

the annual international travel plan for the Commissioner's approval.

Provides for the continuing appraisal of FDA scientific research programs including research performed by contract.

Responsible for committee management within FDA.

Directs the FDA safety program.

(d) *Office of the Hearing Examiner.* Responsible for scheduling and conducting prehearing conferences and administrative hearings of an adjudicative and rule-making nature, pursuant to the Federal Food, Drug and Cosmetic Act, as amended, as well as other related laws and the Administrative Procedure Act (5 U.S.C. 551 et seq.).

Evaluates the evidence of record after hearings and prepares all necessary reports, tentative findings of fact, conclusions of law, and tentative orders used by the Commissioner in making a final agency decision.

(e) *Office of Legislative Services.* Advises the Commissioner concerning legislative needs and in the analysis of pending Congressional legislation which may affect FDA.

Prepares and clears FDA position papers and Departmental reports on proposed legislation for approval of the Commissioner.

Coordinates and assists in the development and preparation of FDA legislative proposals for the Commissioner's review.

Assists in the preparation of testimony for presentation to congressional committees; monitors hearings and congressional activities affecting FDA; and distributes legislative materials.

Directs or coordinates the preparation of data requested by congressional investigative committees; provides technical and other assistance to members of Congress, congressional committees, and their staffs.

Provides a central FDA control for correspondence referred by the White House and the Department; controls and processes congressional, international, State, and local correspondence.

(f) *Office of the Assistant Commissioner for Administration.* Serves as principal advisor to the Commissioner on all phases of management inherent in the operations of FDA.

Responsible for the effective utilization of all management resources and the implementation of operating programs by coordinating the funding, manpower, facilities, and equipment needs of the Agency.

Provides leadership and direction to administrative management including budget, finance, personnel, organization, management information, methods, procurement and property, records and similar supporting activities.

Assures that conduct of these efforts effectively supports program operations.

(f-1) *Division of Financial Management.* Plans, directs, and coordinates a comprehensive financial management program for the FDA encompassing the areas of budget analysis, formulation and execution, fiscal accounting, voucher audit and financial reporting. Provides staff assistance in justifying budgets through executive and congressional echelons. After appropriation, develops an orderly expenditure plan.

Develops apportionment plans and issues allotments for expenditures.

Makes periodic reports regarding the status of FDA's financial management.

Develops financial inputs for the Agency's 5-year program and financial plans.

(f-2) *Division of General Services.* Provides leadership and guidance to headquarters staff officers, headquarters operating activities, and District Offices for all general services programs, including: Procurement, contracts, administrative aspects of grants and fellowships, personal property management and accountability, real property management, space management and utilization, construction and engineering services, communications, physical security, printing and reproduction, and mails and files.

Responsible for maintaining effective liaison with the Government Printing Office, and for the centralized clearance and coordination of all printing and publication services.

Coordinates the development of agencywide policies and procedures for such services and plans; executes, evaluates and adjusts efforts in these activities.

(f-3) *Division of Management Systems.* Provides assistance in organization and operations analysis; planning and evaluation; effective and economical use of resources; and analysis, design, and maintenance of operating systems and procedures.

Conducts organization studies and provides advisory services on organizational matters.

Conducts management surveys and analytical studies of FDA administrative and program operations.

Develops and implements management information systems and operates an executive reporting system for top management.

Develops systems for automatic data processing and other forms of data automation.

Develops and conducts management programs in directives management, reports and forms management, records, and correspondence management, and other management areas as assigned.

(f-4) *Division of Personnel Management.* Plans, develops, and carries out a comprehensive personnel management program for FDA including recruitment, placement, classification, pay administration, employee relations, employee services, and employee-management relations.

Through this program, assists top management as well as operating units to expeditiously and effectively achieve its program objectives while insuring the application of the Federal Merit System.

(g) *Office of the Assistant Commissioner for Planning and Evaluation.* Advises and assists the Commissioner and other key officials concerning FDA long-range program planning, development and evaluation.

Develops program and planning strategy.

Develops the 5-Year Plan as a part of the FDA Planning-Programming Budgeting System.

Develops the Operational Plan that specifies agency 2-year operational objectives to support long range plans.

Conducts operations research and special studies as a basis for forecasting trends, needs, and major problems requiring solution.

Evaluates overall FDA program accomplishments against objectives and priorities.

Evaluates impact of FDA programs on consumer protection.

(h) *Office of the Assistant Commissioner for Field Coordination.* Advises and assists the Commissioner and key FDA officials regarding the development and execution of policies and operational guidelines which form the framework for management of FDA regional and district activities.

Advises and assists the Commissioner in developing, issuing, approving or clearing proposals and instructions affecting the FDA regional and district activities.

Gives direction and counsel to regional and district office management; assesses and initiates action to improve the management posture of FDA regional and district activities.

Provides a central point within FDA to which Headquarters offices can turn for coordinated field support services.

Evaluates the performance and capabilities of the FDA regional and district staff and participates in the formulation of career development plans.

Provides for coordination among district, Headquarters and regional offices.

Recommends and coordinates joint program planning activities between FDA and State and local agencies; provides staff assistance required in the development of joint FDA-State programs.

(i) *Office of the Assistant Commissioner for Program Coordination.* Advises and assists the Commissioner concerning the early identification and assessment of potential and emerging major problems; directs or coordinates the necessary actions concerning potential problems and recommends preventive or remedial measures; follows through on implementation of recommended policies, programs, and practices designed to assure remedial actions as necessary.

Reviews and coordinates the review by other FDA officials of major issues and studies impacting upon the policies and direction, organization and functions of FDA.

Develops policy and procedures necessary to maintain the integrity of trade secrets and other privileged information submitted by industry to FDA; formulates agencywide security policy and investigates and recommends action concerning security problems.

Provides central computer operations and programming services; provides technical guidance regarding new ADP techniques and hardware; and develops systems policy for internal Agency guidance.

Provides advice and coordination as may be required to assure the development and effective operation of an integrated science information system for FDA.

(j) *Office of the Assistant Commissioner for Education and Information.* Advises and assists the Commissioner

concerning public information and education.

Plans, coordinates, and participates in a comprehensive public information program that will create a positive atmosphere for FDA regulatory programs and will be conducive to the FDA personnel recruitment effort; acts as a focal point for dissemination of news concerning FDA activities.

Plans and conducts consumer education programs.

Develops and coordinates a program of liaison with the medical profession designed to further understanding and support for FDA activities.

Conducts or arranges for training and educational programs involving Federal, State, and local personnel in subjects related to FDA program activities.

Provides editorial, design, graphic arts services.

Answers public inquiries and corresponds with the public on topics of consumer interest.

(k) *Bureau of Foods, Pesticides and Product Safety.* Conducts research and develops standards and policy on the composition, quality, nutrition, and safety of foods, food additives, colors, cosmetics, pesticides, and other potentially harmful products.

Conducts research designed to improve the detection, prevention and control of contamination that may be responsible for illness or injury conveyed by foods or as a result of the use of harmful products.

Plans, coordinates and evaluates FDA's surveillance and compliance programs relating to foods, pesticides and product safety.

Reviews industry petitions and recommends the promulgation of regulations for food standards and to permit the safe use of color additives, food additives, and pesticides.

Provides scientific and technical support in areas of food chemistry, toxicology, nutrition, microbiology and sanitation control.

Provides scientific and technical support in the areas of pesticides and product safety.

Performs analyses of regulatory samples as may be necessary to support FDA's compliance programs relating to foods, pesticides and product safety.

(k-1) *Office of Foods and Nutritional Sciences.* Develops scientific standards and conducts research relating to the composition, quality, nutrition, and safety of foods.

Reviews industry petitions and recommends the promulgation of regulations for food standards and to permit the safe use of color and food additives.

Performs analyses of regulatory samples as may be necessary to support FDA's compliance programs.

(i) *Division of Food Chemistry and Technology.* Originates, plans, and conducts research to elucidate the nature and properties of significant substances in foods and related commodities, develops analytical methodology as new hazards to man are uncovered. Devises new methods for analysis of foods and

related commodities; investigates the mechanism of the underlying chemical reactions. Originates and conducts a planned program, including appropriate laboratory investigations, for developing standards of identity, quality, and fill of container for food products; develops and processes proposals for regulations establishing such standards. Evaluates food additive petitions regarding their chemical identity and purity, stability, intended effect data, and methodology.

(ii) *Division of Nutrition.* Originates, plans, and conducts research to elucidate nature and properties of nutritionally significant substances in foods and related commodities and factors affecting the action of these substances; to determine the effects of these substances on reproduction, growth, and development in biological and microbiological systems; and to study the metabolic fate of these substances and their interaction with other food components such as food additives.

Devises new methods for the analysis of nutritionally significant substances in foods (including special dietary foods), investigates the mechanisms of the underlying biochemical reactions as potential approaches to the development of suitable analytical methods.

Evaluates labeling of special dietary foods.

Examines surveillance and compliance samples of foods for nutritional factors.

(iii) *Division of Microbiology.* Originates, plans and conducts research to determine the nature, extent, and significance of microbial and other microscopic contaminants occurring in foods; studies causes and develops methods for the detection and prevention of food poisoning.

Devises microanalytical and biological methods for the analysis of foods and cosmetics.

Develops procedures for protecting foods, including milk and other dairy products, against contamination; evaluates and improves concepts and methods used in food protection.

Conducts research into the technology and engineering aspects of food processing procedures designed to eliminate contamination that may be responsible for food-borne illness.

Conducts reviews, for standardization and certification, of State and local milk and food laboratories and officials.

Operates the National Center for Microbiological Analysis.

(iv) *Division of Toxicology.* Originates, plans and conducts research with regard to the toxic effects of substances occurring in foods, cosmetics, colorants, and related commodities through direct addition or inadvertent adulteration.

Establishes for toxic substances the quantitative aspects of the dose response relationship in a variety of animal species for various toxicological manifestations with particular relevance to applicability to man.

Investigates and develops new, standardized, or improved bases for establishing and evaluating toxicological injury to animals from chemicals permitted in

foods, cosmetics or from metabolites of these chemicals.

Conducts toxicological studies on various classes of food additives, colorants and cosmetics to provide data for evaluation of new proposals and petitions for their industrial use as well as for the review of current tolerances, modified tolerances, and applications.

(v) *Division of Pathology.* Investigates the nature and significance of the gross microscopic changes which occur in animal tissues and organs as the result of short-term and long-term exposure to pesticides and other economic poisons, to food additives, and to toxic contaminants of either chemical or microbiological origin.

Reviews and evaluates pathological data submitted in support of petitions for pesticides, food additives, and color additive regulations.

Provides pathological support to other elements of the Bureau of Foods, Pesticides and Product Safety as necessary for the complete evaluation of toxicological experiments, including the performance of autopsies on experimental animals, and the preparation and examination of histological material.

Maintains a complete registry of pathological information and material to serve as a repository of information concerning the pathological effects of toxic stress on animals.

Develops new methods of anatomical and histochemical examination of organs and tissues from animals subjected to treatment with pesticides, food additives, natural toxins, and other environmental contaminants.

(vi) *Division of Colors and Cosmetics.* Originates, plans and conducts research to elucidate chemical composition of cosmetic materials. Devises new methods diluents, and related commodities, and to identify compounds formed by reactions between colors and food, drug, and cosmetic materials. Devises new methods for analysis of cosmetics, colors, diluents, and related commodities, and investigates the mechanism of the underlying chemical reactions.

Administers the color additive listing and the color certification program.

Examines samples of cosmetics involved in consumer complaints.

(k-2) *Office of Pesticides and Product Safety.* Develops and conducts programs to reduce injuries, morbidity and mortality from accidental hazards through the use of consumer products. Conducts epidemiological studies of pesticides and their effects on man.

Develops scientific standards and conducts research relating to the composition, quality and safety of pesticides.

Reviews and evaluates industry pesticide petitions and registration applications and recommends regulations and labeling designed to reduce any potential health hazard.

Provides advice and guidance concerning the hazards of household products and the development of precautionary labeling.

(i) *Division of Pesticide Chemistry and Toxicology.* Originates, plans, and

conducts research on pharmacologically and toxicologically active substances occurring in man and his environment, arising out of the use of pesticides. Performs research on a number of different animal species, including primates, to assess hazards to man from exposure to pesticides.

Investigates the mechanism of the underlying chemical, biochemical, and toxicological reactions which may directly or indirectly lead to disease in man.

Studies the metabolic fate, the physiological, and pathological response from pesticides and related chemicals in various substrates.

Devises and develops new chemical and biological methods for studying the biological effects of pesticides and related chemicals. Devises new and improved methods for identification of and analyses for pesticides and their residues.

Evaluates petitions for the use of pesticides to assure adequacy of chemical data to support proposed tolerances and to determine if any hazards to man may result from their use.

Coordinates with the Division of Pesticide Community Studies in investigating the factors which contribute to storage of pesticide residues in the general population.

Provides guidance, assistance, and training for other Federal, State, local, and international agencies on toxicology, pharmacology, and chemistry of pesticides, related chemicals, and their residues. Provides laboratory support and other assistance to FDA units as required.

(ii) *Division of Pesticide Community Studies.* Plans, institutes, and directs a national epidemiological investigation program for the assessment of acute and chronic human health hazards arising from the manufacture and use of pesticides.

Investigates potentially harmful exposure of man to pesticides. Defines the health hazards involved in the use of or incidental exposure to pesticides and recommends appropriate safeguards when necessary.

Provides epidemiological assistance, consultation, and technical training in the prevention, diagnosis, and treatment of pesticides poisoning in humans, with emphasis on collaboration with State and local health departments and other interested groups, to aid them in developing additional competence in this field.

Conducts a nationwide monitoring program to determine levels of pesticides stored in the human population.

Cooperates with the Division of Pesticide Chemistry and Toxicology, in the development of chemical and toxicological studies in support of human exposure investigations.

Prepares and distributes pesticide research and monitoring information.

(iii) *Division of Poison Control.* Provides a network of poison control centers with toxicity and treatment information on household products, medicines, and other toxic substances that may accidentally be ingested.

Collects and issues clinical and statistical data on accidental ingestion of

hazardous substances and deaths resulting therefrom.

Supports research on poisoning treatment problems through contracts and grants.

Stimulates education and training in methods and techniques of managing the total problem of accidental poisoning.

Studies poisoning trends and stimulates the development of improved poison prevention and treatment methods.

Investigates poisonings having major public health implications and initiates preventive measures.

(iv) *Division of Hazardous Substances.* Collects and evaluates human and animal injury and toxicological data on household products. Conducts research on potentially hazardous products and on extent, causes and effects of poisoning and methods of prevention and treatment.

Provides medical guidance in developing warning and first aid statements for hazardous chemicals.

Develops proper precautionary labeling of potentially hazardous substances and recommends banning of substances found too hazardous to market under any labeling.

(v) *Division of Product Safety Studies.* Develops and conducts programs designed to reduce the injury hazards of consumer products, equipment, and appliances.

Conducts surveillance studies to determine the extent, nature and effect of injuries due to consumer products.

Studies and investigates deaths, injuries, and economic losses resulting from the accidental burning of products, fabrics, and related materials.

Develops criteria for standards and codes for products designed to reduce their injury producing characteristics.

Supports research through contracts and grants designed to uncover the reasons for product injuries and the product modifications considered necessary to reduce their injury producing characteristics.

Plans, conducts and participates in projects and demonstrations for the purpose of developing and encouraging the application of new methods, techniques, and equipment for the prevention and control of injuries due to the use of consumer products.

(vi) *Division of Product Research.* Conducts research on design, environmental and behavioral hazards associated with the use of consumer products.

Tests consumer products for thermal, electrical, and mechanical hazards associated with their use.

Establishes safety standards for consumer products used in the home environment.

(k-3) *Office of Compliance (FPPS).* Advises the Bureau Director and other FDA officials on the law, regulations, legal administrative problems, regulatory problems, and administrative policies concerning FDA's regulatory responsibilities relating to foods, colors and cosmetics, pesticides and product safety.

Develops compliance and surveillance programs covering regulated industries

in the food, pesticide and product safety areas.

Fosters development of good manufacturing practices and improved food sanitation.

Develops or coordinates the development of regulations, model codes, and other standards covering industry practices and for the control of health hazards associated with food, including shellfish and milk and with interstate travel.

Develops and carries out programs designed to encourage compliance by industry on a voluntary basis.

Provides technical assistance to public and public service institutions and agencies for the control of hazards to health associated with interstate shipment of food, including shellfish and milk and with interstate travel.

Provides support and guidance upon request to the district offices in the handling of legal actions and provides headquarters case development, coordination, and contested case assistance.

Develops and coordinates studies to measure degree of compliance by regulated industries with statutes and regulations enforced by FDA.

Operates a petition control system for all pesticide and food additive petitions submitted to FDA for review and evaluation.

(i) *Division of Case Guidance (FPPS).* Provides support and guidance upon request to the district offices in the handling of legal actions concerning foods, pesticides and harmful products.

Provides headquarters case development, coordination, and contested case assistance.

Develops and maintains legal guidelines.

Reviews and approves actions in cases of national scope requiring headquarters coordination.

Issues advisory opinions resulting from specific requests from industry, trade associations, Government agencies, and Congress.

Manages and coordinates headquarters activities associated with recalls and seizures; provides advice and assistance to recall staff; correlates recall actions with other regulatory activities.

Reviews applications for permits and reports of examinations conducted by foreign countries in connection with the Import Milk Act; recommends action on the permit applications.

(ii) *Division of Regulations and Petitions Control.* Interprets new legislation, drafts regulations for implementation and develops guidelines setting forth administrative-legal procedures for applying the new or changed authority.

Develops and maintains a codified system for compiling and issuing regulatory policy and procedures on foods, pesticide and product safety matters for the guidance of FDA Headquarters and field personnel.

Develops or coordinates the development of regulations, good manufacturing practices, and other standards covering desirable industry practices.

Initiates and recommends changes in legislation and prepares Bureau position on proposed legislation referred from the Department through the Office of Legislative Services.

Operates a petition control system for all pesticide and food additive petitions submitted to FDA for review and evaluation.

Prepares briefing memorandum and regulations to be submitted via supervisory channels for approval of the Associate Commissioner for Compliance and the Commissioner on all petitions deemed acceptable for publication in the FEDERAL REGISTER.

(iii) *Division of Industry Services (FPPS)*. Promotes a better understanding in the food, pesticide and product safety area of the requirements and objectives of the laws and regulations enforced by the FDA among regulated industry and encourages compliance on a voluntary basis.

Assists in the implementation of industry self-inspection and quality assurance programs.

Plans and conducts national seminars, symposia and conferences on specific industry compliance problems.

Assists FDA field offices, upon request, in planning and conducting industry workshops and seminars on Good Manufacturing Practices (GMP) and other types of problem-oriented workshops and conferences.

Develops and maintains effective channels of communication with industry trade associations, and initiates and co-sponsors with trade associations, professional and academic groups, national seminars on specific compliance problems.

(iv) *Division of Compliance Programs (FPPS)*. Develops and issues surveillance and compliance programs relating to the food industry and other industries which may be associated with cosmetics, pesticides, hazardous substances and product safety; coordinates the establishment of priorities for compliance activities involved in such programs.

Serves as the focal point of information concerning the compliance status of specific food industries and facilities, and provides information on the latest technological developments in these industries.

Identifies needs for new and revised standards to be met by industry and to support ongoing and contemplated compliance programs.

Identifies needs and is responsible for the development of new and revised programs, including special programs directed toward unique and isolated problem areas.

Identifies and recommends research needed to develop better monitoring and compliance methods and techniques. Develops programs to support FDA research activities.

Plans and develops an appraisal system for each program; assists in the development of reporting systems designed to furnish information on compliance programs. Evaluates program effectiveness.

(v) *Division of Sanitation Control*. Provides advice and assistance to State and local agencies and concerned industries in regard to milk sanitation, food service sanitation, shellfish sanitation and interstate travel sanitation.

Administers the cooperative interstate milk shippers program designed to maintain a high quality of milk shipped in interstate commerce.

Administers the national shellfish sanitation program for the maintenance and improvement of the sanitary quality of commercial shellfish.

Administers the interstate travel sanitation program designed to protect the health of travelers and of crews on commercial transportation conveyances.

Encourages the adoption of adequate sanitation standards by States and municipalities and provides technical assistance to State and local agencies and to industries on sanitation problems and new developments which have public health significance.

Participates with industry health organizations and others in the development of sanitary standards for the design and construction of dairy and food equipment.

(i) *Bureau of Drugs*. Develops standards and medical policy and conducts research with respect to the efficacy, reliability and safety of drugs and devices for man.

Reviews and evaluates new drug applications and claims for investigational drugs.

Conducts a program of clinical studies related to the safety and efficacy of drugs and devices.

Operates an adverse drug reaction reporting system.

Plans, coordinates, and evaluates FDA's surveillance and compliance programs relating to drugs and devices.

Provides scientific and technical support in the areas of drug biology and drug chemistry.

Develops or coordinates the development of regulations, model codes and other standards covering drug industry practices; fosters development of good manufacturing practices.

Coordinates, directs, and reviews FDA's antibiotic and insulin certification program.

(1-1) *Office of New Drugs*. Evaluates, for safety and efficacy, new drug applications (NDA), submitted by manufacturers for permission to market new drugs.

Evaluates adequacy of directions for use and warnings against misuses appearing in proposed labeling.

Evaluates manufacturing and laboratory methods, facilities and controls exercised in factories producing new drugs.

Reviews notices of claimed investigational exemption for new drug (IND) and recommends action to restrict or stop further testing.

Conducts reviews of clinical investigators and scientific investigations in the investigational new drug and the new drug application areas and coordinates appropriate followup with the Office of Compliance.

(ii) *Division of Anti-Infective Drugs*. Evaluates, for safety and efficacy, new drug applications (NDA), submitted by manufacturers for permission to market new drugs.

Evaluates adequacy of directions for use and warnings against misuses appearing in proposed labeling.

Evaluates manufacturing and laboratory methods, facilities and controls exercised in factories producing new drugs.

Reviews notices of claimed investigational exemption for new drug (IND) and recommends action to restrict or stop further testing.

(ii) *Division of Cardiopulmonary and Renal Drugs*. Performs the functions as described above, with regard to drugs classified as cardiopulmonary renal drugs.

(iii) *Division of Dental and Surgical Adjuncts*. Performs the functions as described above, with regard to drugs classified as dental and surgical adjuncts.

(iv) *Division of Metabolism and Endocrine Drugs*. Performs the functions as described above, with regard to drugs classified as metabolism and endocrine drugs.

(v) *Division of Neuropharmacological Drugs*. Performs the functions as described above, with regard to drugs classified as neuropharmacological drugs.

(vi) *Division of Oncology and Radiopharmaceuticals*. Performs the functions as described above with regard to drugs that will be classified oncology and radiopharmaceutical drugs.

(vii) *Division of Scientific Investigations*. Conducts special, field, and record reviews of clinical investigators and investigations in the NDA and IND areas.

Contacts clinical and academic sources to encourage standards for the conduct of clinical investigations.

(1-2) *Office of Marketed Drugs*. Evaluates the safety and efficacy data and proposed labeling in supplements to new drug applications.

Conducts continuing surveillance and medical evaluation of the labeling, clinical experience and reports submitted by an applicant under the records and reports requirements, of all drugs and devices for which a new drug approval is in effect.

Reviews inspection and other findings designed to reveal whether new drugs are being marketed in accord with commitment contained in new drug applications.

Makes recommendations concerning withdrawal of approval of the NDA.

Takes final action concerning antibiotic and insulin samples submitted for certification and on requests for exemptions from antibiotic certification.

Reviews new and marketed therapeutic and clinical devices for safety, reliability and effectiveness and recommends action to correct significant hazards or potential danger from inadequate directions for use and inadequate warning and cautionary information.

Obtains and evaluates reports of adverse drug reactions.

(i) *Division of Certification Services*. Takes action concerning antibiotic and

insulin samples submitted for certification.

Reviews and takes action on requests for exemption from antibiotic certification.

Recommends and reviews the preparation of regulations concerning the antibiotic and insulin certification program.

(ii) *Division of Clinical and Medical Devices*. Reviews new and marketed therapeutic devices and clinical devices intended for use in hospitals, clinics, and physicians' offices to determine those that should (1) be exempt from any controls, (2) be subject to manufacturing standards and (3) be reviewed to determine safety and efficacy prior to marketing.

Designs, directs, and monitors investigations and physical testing of marketed therapeutic and clinical devices; develops standards for the manufacture of clinical and therapeutic devices to insure safety, reliability, and effectiveness.

Recommends field investigations of marketed devices and, where required, assists the field in making these investigations.

Collects and evaluates data on significant hazards to the public health caused by the use of clinical and therapeutic devices and proposes necessary laws and regulations to protect the public.

(iii) *Division of Drug Experience*. Collects and evaluates reports of adverse drug experiences.

Coordinates and monitors the review of professional performance of research contracts providing adverse drug experience data.

Develops, tests, and coordinates operational systems for the processing of adverse reaction information.

Disseminates a semimonthly Alert Report to achieve a valid and meaningful "Early Warning System."

Monitors FDA participation in World Health Organization's program to implement an international drug monitoring system.

(iv) *Division of Cardiopulmonary-Renal Drug Surveillance*. Performs the following functions with regard to drugs classified as cardiopulmonary-renal drugs:

Evaluates the safety and efficacy data and proposed labeling in supplements to new drug applications.

Makes recommendations concerning withdrawal of approval of the NDA.

Conducts continuing surveillance and medical evaluation of the labeling, clinical experience and reports submitted by an applicant under the records and reports requirements of all drugs for which a new drug approval is in effect.

(v) *Division of Metabolic Endocrine Drug Surveillance*. Performs functions as described above, with regard to drugs classified as metabolic, endocrine and anti-infective drugs.

(vi) *Division of Neuropharmacological Drug Surveillance*. Performs functions as described above, with regard to drugs classified as neuropharmacological drugs.

(vii) *Division of Surgical-Dental Drug Surveillance*. Performs functions as described above, with regard to drugs classi-

fied as surgical adjuncts, dental, oncology, and radiopharmacological drugs.

(1-3) *Office of Compliance (Drugs)*. Advises the Bureau Director and other FDA officials on the law, regulations, legal-administrative problems, regulatory problems, and administrative policies concerning FDA's regulatory responsibilities relating to drugs and devices.

Directs, designs and monitors studies to develop facts necessary for determination of medical policy and to support regulatory action on violative drugs and devices.

Develops compliance and surveillance programs covering regulated industries in drugs and related areas.

Develops or coordinates the development of regulations and other standards covering drug and device industry practices and fosters development of good manufacturing practices.

Develops and carries out programs designed to encourage compliance by industry on a voluntary basis.

Provides support and guidance upon request to the district offices in the handling of legal actions and provides headquarters case development, coordination, and contested case assistance.

Develops and coordinates studies to measure degree of compliance by regulated industries with statutes and regulations enforced by FDA.

Monitors and evaluates professional journal advertising, and promotional and related labeling to determine veracity of claims.

(1) *Division of Case Guidance (Drugs)*. Provides support and guidance, upon request, to the District Offices in the handling of legal actions relating to general drugs, prescription drug advertising, new drug and investigational new drugs, devices, antibiotics, and insulin.

Provides headquarters case development, coordination and contested case assistance.

Develops and maintains legal guidelines.

Reviews and approves legal actions in cases of national scope requiring headquarters coordination.

Performs necessary liaison with the Division of Certification Services and the District Offices in connection with regulatory actions relating to antibiotics and insulin.

Manages and coordinates headquarters activities associated with recalls and seizures; provides advice and assistance to recall staff; correlates recall actions with other regulatory activities.

Issues advisory opinions resulting from specific requests from industry, trade association, Government agencies, and Congress.

(ii) *Division of Compliance Programs (Drugs)*. Develops and issues surveillance and compliance programs covering the drug industry; coordinates the establishment of priorities for compliance activities involved in such programs.

Serves as the focal point of information concerning the compliance status of specific drug industries and facilities, and provides information on the latest technological developments in these industries.

Identifies needs for new and revised standards to be met by industry and to support ongoing and contemplated compliance programs.

Identifies needs and is responsible for the development of new and revised programs, including special programs directed toward unique and isolated problem areas.

Identifies and recommends research needed to develop better monitoring and compliance methods and techniques. Develops programs to support FDA research activities.

Plans and develops an appraisal system for each program; assists in the development of reporting systems designed to furnish information on compliance programs; evaluates program effectiveness.

(iii) *Division of Drug Advertising*. Monitors and provides medical evaluations of prescription drug advertisements and promotional and related labeling.

Formulates expert medical opinion which is used as a basis for regulatory actions to deal with false or misleading promotions or those otherwise inconsistent with the provisions of the laws and regulations enforced by FDA.

(iv) *Division of Industry Services (Drugs)*. Promotes a better understanding in the drug and device area of the requirements and objectives of the laws and regulations enforced by FDA among regulated industry and encourages compliance on a voluntary basis.

Plans and conducts national seminars, symposia and conferences on specific industry compliance problems.

Assists FDA field offices, upon request, in planning and conducting industry workshops and seminars on Good Manufacturing Practices (GMP) and other types of problem-oriented workshops and conferences.

Develops and maintains effective channels of communications with industry trade associations, and initiates and co-sponsors with trade associations, professional and academic groups, national seminars on specific compliance problems.

Works with the Office of New Drugs to provide guidelines to the drug industry for improvement in the quality of IND and NDA submissions.

(v) *Division of Medical Review*. Provides expert guidance and opinion on medical issues involved in proposed legal actions on drugs (other than medical advertising cases).

Procures expert medical witnesses and provides medical support in administrative hearings and court cases, including preparing and answering interrogatories and depositions, and sitting with Government attorneys in court cases to advise on direct and cross-examination of medical and scientific witnesses.

Directs, designs, and monitors clinical studies required to support FDA legal actions.

Provides the Post Office Department with technical reviews, opinions, testimony and medical guidance necessary for preparing and presenting medical fraud cases.

Provides medical and scientific guidance, background, and opinion for policy, legislation, regulations, press releases, films, exhibits, speeches, publications, compliance seminars and conferences, and responses to industry and consumer inquiries.

(vi) *Division of Policy and Regulations.* Interprets new legislation, drafts regulations for implementation and develops guidelines setting forth administrative-legal procedures for applying the new or changed authority.

Develops and maintains a codified system for compiling and issuing regulatory policy and procedures for the guidance of FDA Headquarters and field personnel and proposes remedial changes in policy and regulations.

Develops or coordinates the development of regulations, model codes, and other standards and guides covering industry practices.

Prepares new or revised material for the Bureau of Drugs Manual of Policies and Procedures.

Initiates and recommends changes in legislation and prepares Bureau position on proposed legislation referred from the Department through the Office of Legislative Services.

(1-4) *Office of Pharmaceutical Sciences.* Provides scientific support for FDA's drug compliance programs.

Develops scientific standards and conducts research relating to the composition, quality and safety of drugs; operates the FDA system for continuous appraisal and improvement of current and proposed drug standards and specifications.

Devises new chemical, physical and biological methods for the analysis of drugs in pharmaceutical preparations and in tissues and body fluids; investigates the mechanisms of the underlying chemical reactions; and explores the utilization of novel instruments and equipment.

Designs and participates in collaborative studies to establish the reliability of new methods and validating important discoveries relating to drug examinations.

Operates the National Center for Drug Analysis.

Operates the National Center for Antibiotics and Insulin Analysis.

Cooperates with the Committee of Revision of the United States Pharmacopoeia (USP) and National Formulary (NF) to compose and assemble monographs for inclusion in official drug compendia.

(i) *Division of Drug Biology.* Originates, plans and conducts research to investigate the nature and properties of pharmacologically significant substances in drugs and investigates their effects in biological and microbiological systems.

Devises and develops new methods for studying the biological activity of drugs.

Conducts research to determine the nature, extent and significance of microbial and other microscopic contaminants in drugs.

Devises microanalytical and biological methods for the analysis of drugs.

Conceives, plans and executes a research program to investigate the utility of diverse animal systems and biochemical reactions for the examination of drug products.

Devises new and improved methods for the determination of minute concentrations of drugs in such biological materials as blood, urine, feces, muscle tissue, kidney, liver, eggs, and milk. Performs bioassays to determine the potency of drugs such as digitalis, chorionic gonadotropins, estrogenic hormones and thyroid.

Cooperates with the Division of Drug Chemistry to correlate bioanalytical findings with the results obtained by the use of newly devised physicochemical methods of analysis for drugs.

Advises District laboratory chemists on the application of biochemical analytical methods to the assay of such drugs as heparin and hyaluronidase.

Develops new methods of anatomical and histochemical examination of organs and tissues from animals subjected to treatment with drugs.

(ii) *Division of Drug Chemistry.* Conceives, plans and executes a research program to detect, isolate and disclose the chemical nature of potent and toxic substances occurring in drug products.

Operates the FDA system for the continuous appraisal and improvement of current and proposed drug standards and specifications. Makes final decisions on the validity of all NDA analytical procedures referred to this Division or a field laboratory.

Devises original physicochemical methods to measure the quantities of potent and toxic substances in drug products, including those subject to drug abuse control.

Investigates the principles underlying the chemical reactions employed in the analysis of drugs.

Proposes and establishes specifications for the standardization of drugs and analytical reference substances, and cooperates with the United States Pharmacopoeia and the National Formulary in composing appropriate official monographs which incorporate these specifications. Establishes and maintains authoritative manuals and directories for drug analysis.

Participates, in cooperation with the National Center for Drug Analysis, in collaborative studies to test the validity of analytical methods proposed for adoption by the USP, NF and Association of Official Analytical Chemists (AOAC), or in new drug applications.

Provides expert advice on the chemistry of drugs and physicochemical identification of drugs to the District laboratories, and the Bureau of Narcotics and Dangerous Drugs, Department of Justice.

Conceives, plans and executes a research program to investigate the utility of new, complex electronic, optical and radiometric instruments for the analysis of drugs.

(iii) *National Center for Antibiotics and Insulin Analysis.* Tests large numbers of antibiotic and insulin samples obtained through the certification program, or collected for examination by the FDA District laboratories in planned surveillance programs or submitted by other agencies such as Department of Defense, Veterans Administration, and other agencies of the Public Health Service. Devises new methods for the rapid and accurate analysis of large numbers of drugs containing antibiotics and insulin, employing combinations of complex instruments in physical, chemical, biological, and microbiological methods.

Devises new methods for the examination of individual drugs containing antibiotics and insulin which present analytical problems in accepted procedures, and subjects these new methods to collaborative study.

Devises new and rapid methods applicable to the analysis of single dosage entities, and to the analysis of antibiotic residues in tissues, body fluids, and edible substances.

In cooperation with other components of the Office of Pharmaceutical Sciences, participates in collaborative studies to test the validity of analytical methods proposed for adoption by the USP, NF, and Association of Official Analytical Chemists, or in new drug applications. Cooperates with the World Health Organization, USP, and NF in testing and establishing reference standard drug substances for use in the analysis of antibiotics and insulin.

Maintains a library of authenticated antibiotic and insulin reference drug substances for distribution to FDA District laboratories and other authorized Government agencies, as well as to industry participants in the antibiotic certification service.

Provides expert advice to other units in FDA on the analysis of samples containing antibiotics and insulin, and interprets the results of its findings.

(iv) *National Center for Drug Analysis.* Tests large numbers of drug samples obtained in planned surveillance programs or submitted for examination by the FDA District laboratories or by other agencies such as Department of Justice, Veterans Administration, and other agencies of the Public Health Service.

Devises new methods for the rapid and accurate analysis of large numbers of drugs, employing combinations of complex instruments in automated systems of original design.

Devises new methods for the examination of individual drugs which present analytical problems in accepted procedures, and subjects these new methods to collaborative study.

Devises new rapid methods applicable to minute quantities of drugs for the analysis of single dosage entities.

In cooperation with other parts of the Office of Pharmaceutical Sciences, participates in collaborative studies to test

the validity of analytical methods proposed for adoption by the USP, NF, and AOAC, or in NDA's.

Cooperates with the USP and NF in testing reference standard drug substances for compliance with specifications.

Maintains a library of authenticated reference drug substances for distribution to FDA District laboratories and other authorized Government agencies.

Performs check analyses upon request to confirm results obtained by other FDA laboratories in drug analysis, and operates a program to monitor the reliability of analytical results obtained in FDA laboratories.

(m) *Bureau of Veterinary Medicine.* Develops and recommends the veterinary medical policy of the Food and Drug Administration with respect to the safety and efficacy of veterinary preparations and devices.

Evaluates proposed use of veterinary preparations for animal safety and efficacy.

Coordinates the veterinary medical aspects of the FDA inspection and investigational programs and provides veterinary medical opinion in drug hearings and court cases.

Plans, directs, and evaluates FDA's surveillance and compliance programs relating to veterinary drugs and other veterinary medical matters.

(m-1) *Division of Veterinary Research.* Conducts studies to evaluate the validity of data supporting the safety and efficacy of veterinary drugs intended for the prevention of treatment of animal diseases.

Conducts acute and chronic toxicity studies in large domestic animals following reports of contaminated animal feeds, such as heavy metals, weed seeds, pesticides, etc.

Studies the therapeutic properties of specific products and substances and the experimental reproduction of various disease conditions.

Cooperates with other parts of FDA in the development of actual evidence based on animal experimentation to support legal action under the Federal Food, Drug, and Cosmetic Act.

Directs research to develop methods for studying the effects of therapeutic agents and various disease conditions.

Conducts experiments to develop information regarding food additive problems arising from the use of drugs in veterinary medicine. Maintains colonies of laboratory animals for experimental tests and studies.

(m-2) *Division of Veterinary New Drugs.* Evaluates for animal safety and efficacy proposed new veterinary preparations.

Reviews the use of such preparations in veterinary medical practice to determine the effect on animals. (If the preparation is administered to food producing animals, the use of the product is considered as it relates to safety in humans.)

Evaluates proposed labels to assure that they clearly indicate the use and limitations of the product.

Evaluates manufacturing facilities and procedures as described in the applica-

tion to assure that such controls are adequate.

Recommends action to be taken on proposed new veterinary preparations submitted for FDA review.

Determines data required to establish safety and efficacy and provides such information to investigators and manufacturers.

Initiates research projects to gain further information on new drugs.

(m-3) *Division of Veterinary Medical Review.* Maintains surveillance of veterinary preparations and devices to assure safety and efficacy.

Evaluates drug experience reports, establishment inspection information, advertising, and other clinical or research data bearing on marketed veterinary preparations.

Evaluates and recommends action on medicated feed applications for those preparations that have been approved for marketing.

Recommends or supports regulatory and research activity.

Prepares veterinary medical reports for the Post Office Department in support of Postal Laws and Regulations.

(n) *Office of the Regional Food and Drug Director.* As the representative of the Commissioner of Food and Drugs in the Region, the Regional Food and Drug Director directs and coordinates the programs of the Food and Drug Administration carried out through the DHEW Regional Office and the FDA District Offices in the Region. Encourages improved state and local food and drug consumer protection programs and state and local participation in FDA cooperative efforts.

Coordinates the provision of FDA assistance to states and localities in the event of a national disaster or other emergency requiring FDA assistance.

Provides a focal point of information for the DHEW Regional Office concerning FDA programs.

Coordinates FDA district programs with related operations of the DHEW Regional Office.

Serves as primary advisor and informant to the DHEW Regional Director on all matters pertaining to activities of FDA in the Region.

Carries out programs as assigned in milk and food sanitation, shellfish sanitation, interstate travel sanitation, and product safety.

(o) *District Offices.* Obtains compliance with laws and regulations enforced by FDA through the conduct of appropriate educational or enforcement activities.

Initiates and conducts educational and voluntary compliance programs.

Conducts investigations and inspections and analyzes samples of food, drugs, and other commodities.

Conducts administrative hearings on alleged violations.

Initiates appropriate enforcement action and recommends legal action to FDA headquarters, to the Office of General Counsel, DHEW, or to the concerned U.S. attorney (where direct reference seizures are authorized) and assists in carrying out approved action.

Provides analytical and inspectional support in programs for which FDA has responsibility.

SEC. 10-C Order of Succession. During the absence or disability of the Commissioner or in the event of a vacancy in that office, the first official listed below who is available shall act as Commissioner:

(1) (a) Deputy Commissioner.

(b) Associate Commissioner for Compliance.

(c) Associate Commissioner for Science.

(d) Assistant Commissioner for Program Coordination.

(e) Assistant Commissioner for Administration.

(f) Assistant Commissioner for Field Coordination.

(g) Assistant Commissioner for Planning and Evaluation.

(h) Assistant Commissioner for Education and Information.

(2) For a planned period of absence, the Commissioner may specify a different order of succession.

SEC. 10-D Delegations of Authority. The Commissioner shall continue to exercise all of the authorities given to him under the Redefinition by the Assistant Secretary for Health and Scientific Affairs of December 19, 1969 (35 F.R. 606-7) and the Secretary's Reorganization Order of January 5, 1970 (35 F.R. 606). Pending further actions by the Commissioner, all delegations or redelegations to any officers or employees of the Administration which were in effect immediately prior to the effective date of this amendment shall continue in effect in them or their successors.

Effective date. This amendment is effective February 1, 1970.

ROBERT H. FINCH,
Secretary.

FEBRUARY 19, 1970.

EXHIBIT X10-1

FOOD AND DRUG ADMINISTRATION DISTRICT OFFICES

District Office	Address	Zip code
California:		
Los Angeles.....	1521 West Pico	90015
San Francisco.....	Boulevard, Room 518, Federal Office Bldg., 50 Fulton St.	94102
Colorado: Denver.....	Room 513, New Customhouse Bldg., 721 19th St.	80202
Georgia: Atlanta.....	60 Eighth St., N.E.	30339
Illinois: Chicago.....	Room 222, Post Office Bldg., 433 West Van Buren St.	60607
Louisiana: New Orleans	Room 222, U.S. Customhouse Bldg., 423 Canal St.	70115
Maryland: Baltimore.....	900 Madison Ave.	21201
Massachusetts: Boston.....	585 Commercial St.	02109
Michigan: Detroit.....	1560 East Jefferson Ave.	48207
Minnesota: Minneapolis.....	240 Hennepin Ave.	55401
Missouri: Kansas City.....	1009 Cherry St.	64108
New York:		
Brooklyn.....	Room 700, Federal Office Bldg., 850 Third Ave.	11202
Buffalo.....	599 Delaware Ave.	14202
Ohio: Cincinnati.....	1141 Central Parkway.	45202
Pennsylvania: Philadelphia.....	Room 1204, U.S. Customhouse Bldg., Second and Chestnut Sts.	19106
Texas: Dallas.....	3032 Bryan St.	75204
Washington: Seattle.....	Room 501, Federal Office Bldg., 909 First Ave.	98104

[F.R. Doc. 70-2277; Filed, Feb. 24, 1970; 8:48 a.m.]

E. THE HEALTH RESOURCES ADMINISTRATION

HEALTH RESOURCES ADMINISTRATION'

- 7-A Mission
- 7-B Organization and Functions
- 7-C Order of Succession
- 7-D Delegations of Authority

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SECTION 7-A. Mission. The Health Resources Administration (7000) provides leadership with respect to the identification, deployment and utilization of personnel, educational, physical, financial and organizational resources in the achievement of optimal health services for the people of the United States. To these ends, the Health Resources Administration (HRA): (1) Conducts and supports analyses, research, developmental activities, technical assistance and evaluation programs, and informational services designed to improve the overall health services system of the Nation; (2) collects, analyzes, and disseminates data on vital and health statistics, health status, health resources assessment and utilization, organization and management of health services, health expenditures, and related matters for the use of the Administration, other elements of the Department, and the health services industry generally; (3) provides leadership and support for the development of State, area, and local comprehensive health planning and services and for regional cooperative arrangements among medical schools, research institutions, medical care facilities, and practitioners; (4) administers programs to meet health manpower requirements for the Nation through the support of education, training, and institutions engaged in education and research in the health field, and by maintaining relationships with national, State, and local official and voluntary organizations and institutions working in these areas; and (5) provides leadership to and supports activities concerned with health facilities, financing, and economics.

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SEC. 7-B. Organization and Function. The Health Resources Administration is directed by an Administrator who is responsible to the Assistant Secretary for Health. The Administration consists of the following major components, with functions indicated:

OFFICE OF THE ADMINISTRATOR (7A00)

Provides leadership and direction to the programs and activities of the Health Resources Administration.

Immediate Office of the Administrator (7A01). (1) Provides leadership for the execution of Administration responsibilities related to the development of a national policy with respect to the identification, deployment and utilization of physical, financial and personnel resources in the achievement of optimal health services for the people of the United States; (2) manages and directs the activities of the Administration; (3) supports and stimulates programs designed to encourage the training and full utilization of minority and disadvantaged persons both within the Administration and, for the health professions, on a Nation-wide basis; and (4) directs the coordination of the Administration's activities to assure adequate resources for a comprehensive health-service system.

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Office of Health Resources Opportunity (7A0103). (1) Provides the focal point for the development and implementation of HRA objectives as they relate to the disadvantaged; (2) recommends legislation necessary for new program direction and financing necessary to improve health resources and health career opportunity for the disadvantaged; (3) serves as the advocacy focus for HRA to assure access to health profession and allied health educational opportunities, and to assure an equitable health delivery system for non-whites and other disadvantaged; (4) initiates, supports, and coordinates in conjunction with HRA units the development of research, statistics, and continual comprehensive data systems and analyses on requirements, resources, accessibility, and accountability of health delivery systems to the disadvantaged; (5) assists other government health agencies and private agencies in planning for and extending the scope, content, and quality of their programs as they relate to Office of Health Resources Opportunity goals and objectives; (6) promotes and provides technical advice and assistance to institutions, organizations, individuals, and projects to develop in conjunction with HRA units, curricula, training programs, methodologies and demonstrations designed to overcome problems involved in recruiting and retraining disadvantaged persons for health professions and allied health careers; and (7) assures, in conjunction with appropriate HRA units, the provision of health services and health career opportunities for the disadvantaged through specific consideration of their needs in comprehensive health planning and in the allocation of health facilities.

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Office of Equal Employment Opportunity (7A0105). (1) Plans, directs, and coordinates Equal Employment Opportunity (EEO) program covering Headquarters and field employees; (2) provides staff advice to the Administrator and to other key officials throughout the Health Resources Administration with respect to policies, plans, procedures, regulations, and reports pertaining to the general equal employment opportunity policy of the Federal Government and the Department's programs established under Executive Order 11478; (3) plans and develops programs and procedures designed to eliminate discriminatory employment practices; (4) receives and provides for the investigation of complaint of alleged discrimination; and (5) maintains liaison with the Office of the Assistant Secretary for Health, the Civil Service Commission, and other organizations outside the HRA concerned with equal employment opportunity.

Office of Communications (7A17). (1) Directs, formulates policy for, conducts, and coordinates communications activities of the Health Resources Administration; (2) provides communications expertise and staff advice to the Administrator in support of program and policy formulation and execution; (3) establishes and maintains productive relationships with the communications media; (4) establishes and implements policies for review, processing, quality control, and dissemination of HRA program communications materials; (5) provides central communications services to all HRA programs; and (6) serves as focal point for coordination of HRA communications activities with those of other health agencies within HHRV and with regional, State, local, voluntary and professional organizations.

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Office of Operations and Management (7A191). (1) Serves as the Administrator's principal staff for providing Administration-wide leadership in all phases of management and for direct conduct or general supervision of Administration-wide operational functions; (2) directs and coordinates the Administration's activities in the areas of management policy, operational planning, systems management, financial management, procurement and materiel management, grants management, and personnel management; (3) advises the Administrator on management implications of Administration plans and programs; (4) provides staff support and facilities for advisory councils, conferences, and meetings; (5) collaborates with the Office of Planning, Evaluation, and Legislation in the development and implementation of the five-year program and financial plan for the Administrator; (6) provides facility and space management services for Administration field elements and directs the Agency's safety management program; (7) coordinates Agency programs with PHS Regional Office functions by providing liaison to the Office of Regional Operations, PHS; and (8) directs data systems management and the Agency's management information support systems.

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Division of Management Policy (7A1902). (1) Conducts organization and management studies and surveys; (2) initiates or reviews proposals for establishing or modifying organizational structure or function, delegations of authority, and management objectives, policies, and standards; (3) negotiates solutions to intra- and inter-agency problems of organization, functions, delegations, procedures, or coordination; (4) conducts Administration-wide management improvement programs, including manpower utilization and productivity measurement; (5) participates in program and legislative planning to assure recognition of management problems; (6) manages the documentation and issuance system of the Administration; and (7) conducts the records and forms management programs of the Administration.

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Division of Financial Management (7A1904). (1) Collaborates with the Office of Planning, Evaluation, and Legislation in the development and implementation of the five-year program and financial plan; (2) develops policies and instructions for and coordinates the implementation of an Administration-wide budget system; (3) prepares budget submissions; (4) directs the Administration's accounting activities; (5) develops and manages a system for allocating funds within the Health Resources Administration and maintaining accounting records and controls; (6) participates in development of policies and procedures concerning financial aspects of grants and negotiated research and development contracts; and (7) maintains liaison with the Office of the Assistant Secretary for Health, and the Office of the Secretary.

Division of Management Services (7A1905). (1) Plans, directs, and coordinates administrative management activities of the Office of the Administrator; (2) provides a full range of administrative support services for the Office of the Administrator, including personnel, materiel procurement and control, space allocations, and graphic arts; (3) develops and implements management policies, procedures, systems, and practices for the conduct of Office of the Administrator affairs; (4) serves as the focal point for liaison with the Office of the Assistant Secretary for Health and the Office of the Secretary on personnel, procurement, supply, space and other management concerns of the Office of the Administrator; (5) organizes and manages the committee management system of the Administration; and (6) plans, organizes, and directs the Executive Secretariat of the Administration with primary responsibility for the control of written communications to and from the Administrator.

Division of Grants and Procurement Management (7A1908). (1) Provides leadership in the planning, development, and implementation of policies and procedures of grants and contracts; (2) provides advice and consultation on interpretation and application of PHS and Departmental policies and procedures affecting contracts and grants management; (3) develops and issues policy and procedural materials for the Administration's contract and grant program; (4) establishes standards and guides for and evaluates contracts and grants management operations throughout the Administration; (5) coordinates Administration positions and action with respect to grants and requirements and results; and (6) maintains liaison, directly or through the Regional Health Administrators, with grantee institutions and organizations and with the Office of the Assistant Secretary for Health and other components of the Department.

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Office of Planning, Evaluation, and

Legislation (7A111). Serves as the Administrator's principal advisor on long and short-range goals for meeting the health resource needs of the Nation. Develops plans, establishes evaluative requirements, and designs legislative proposals to support Departmental goals. To these ends: (1) Assumes leadership in planning for the most effective use of HRA resources; (2) promotes evaluative and monitoring activities which will provide objective measurements of program performance and the total effectiveness of agency efforts; (3) contributes to legislative analyses to assure the fullest possible consideration of programmatic requirements in meeting established Departmental and PHS goals; (4) as determined by the Administrator, HRA, maintains liaison, directly or through the Regional Health Administrators, with State or local health officials and with the private health sector to achieve common understanding and effective coordination; and (5) maintains surveillance of HRA data collection, R&D and other intelligence which contributes to policy analysis within the Office of the Assistant Secretary for Health and anticipates issues which may require Federal intervention.

Division of Evaluation (7A1103). (1) Responsible for the creation within HRA of disciplined program evaluation as an inherent part of all agency activities; (2) establishes through HRA Bureaus an appreciation of the need for objective measurements of the results of all programs supported by grants and contracts; (3) works closely with relevant data and information gathering activities to enhance the quantification of evaluation studies; and (4) reviews plans for evaluations of programs and projects with special attention to the study design and appropriateness to HRA objectives.

Division of Planning (7A1105). (1) Responsible for HRA contributions to the Forward Planning document and its adaptation to budgetary processes; (2) reviews Bureau work plans and their impact on current or future planning and monitors their implementation; (3) coordinates interrelated Bureau activities which may influence programmatic planning; and (4) maintains surveillance over long-term analytic and research activities.

Division of Legislation (7A1107). (1) Maintains continuous review of legislation which affects the activities of HRA; (2) prepares materials for testimony before Congressional committees; (3) assists in the interpretation of relevant legislation; (4) coordinates agency responses to Departmental and PHS legislative needs; (5) keeps HRA activities informed on legislative matters and provides analyses of pending bills and new laws; (6) promotes a rational approach to health legislation, identifying conflicts, gaps, or other barriers to the achievement of Departmental goals; (7) maintains current data on major changes in State laws which influence health resources, with particular attention to conflicts between Federal and State laws; (8) anticipates the need for data and analyses which may be demanded by Congressional or Departmental legislative interests; and (9) serves as liaison between HRA and the Office of the Assistant Secretary for Health on legislative matters.

NATIONAL CENTER FOR HEALTH STATISTICS
(7100)

(1) Collects, analyzes, and disseminates national health statistics on vital events and health activities, including the physical, mental, and physiological characteristics of the population, illness, injury, impairment, the supply and utilization of health facilities and manpower, the operation of the health services system, health economic expenditures, and changes in the health status of people; (2) administers the Cooperative Health Statistics System; (3) stimulates and conducts basic and applied research in health data systems and statistical methodology; (4) coordinates the overall health statistical activities of the programs and agencies of the Health Resources Administration and provides technical assistance in the management of statistical information; (5) maintains operational liaison with statistical gathering and processing services of other health agencies, public and private, and provides technical assistance within the limitations of staff resources; (6) fosters research, consultation and training programs in international statistical activities; (7) participates in the development

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of national health statistics policy with other Federal agencies; and (8) in its role as the government's general-purpose statistical agency in the health field, as designated by the Office of Management and Budget, provides the Assistant Secretary for Health with consultation and advice on statistical methods and health statistical information.

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Office of the Center Director (7B01)

(1) Plans, directs, administers, coordinates and evaluates the total vital, health, and health related statistics programs of the Center; (2) stimulates basic and applied research and developmental activities; (3) provides national and international leadership in vital and health statistics; (4) conducts a variety of professional activities to provide assistance to government agencies, to foster international relationships, and to improve the broad fields of vital and health statistics; (5) coordinates the Center's activities with public and private health statistical agencies; (6) directs and coordinates Center activities in support of the Department's Equal Employment Opportunity program; (7) provides management and administrative support for the Center; (8) provides program planning and development for the Center; and (9) develops and coordinates legislative activities.

Office of Program Support (7B02). (1) Plans, directs, administers, coordinates and evaluates the Center's fiscal, management, and administrative support activities; (2) develops, analyzes, improves and implements internal management policies, methods and procedures; (3) in cooperation with the Division of Financial Management, HRA, provides financial guidance and information to NCHS program managers in the operation of the Center's financial management system, including program policy interpretation in budget formulation and execution, and preparation of program planning and budgetary support data; (4) coordinates the Center's contracts activities; (5) directs the Center's employee development and training activities; (6) advises the Center Director on administrative policy matters affecting the Center's programs; and (7) maintains close liaison with the Office of the Associate Administrator for Operations and Management, HRA, and with other governmental agencies, and outside groups.

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Office of International Statistics (7B03)

(1) Plans, directs, coordinates and evaluates the Center's international statistical programs; (2) plans and conducts training programs in vital and health statistics for foreign statisticians and demographers; (3) determines needs for technical assistance in various foreign countries and arranges for consultants and advisors to provide such assistance; (4) stimulates Center professional staff to conduct research in vital and health statistics in foreign countries; (5) develops and maintains an international statistical data file and conducts international studies of demographic and health statistics; (6) provides advice and guidance on disease classifications and disease classification problems in the Center; coordinates activities within the Center on classification of diseases and procedures; and has responsibility for development of revision proposals and U.S. position on decennial revisions of the International Classification of Diseases; (7) provides an Executive Secretary for the U.S. National Committee on Vital and Health Statistics; and (8) maintains liaison with key officials in HRA, the Department and international agencies on requests for data and consultant services.

Office of Program Development (7B05)

(1) Provides a focus for short- and long-range program planning, coordination, and evaluation of the adequacy and completeness of new and existing programs in meeting the Center's mission; (2) serves as liaison with organizations planning or conducting new initiatives in Federal health statistics; (3) provides staff advice on the development of new health statistics programs based on assessment of emerging needs; (4) in collaboration with the Associate Director for Management translates planning into program and budget proposals for Center operations; (5) assists the Center Director in the assessment of program accomplishments through a program review process; (6) develops and coordinates the Center's legislative activities; (7) administers a program of project review as required by the Federal Reports Act, including official bureau clearance officer responsibilities; (8) serves as the Center coordinator for interdisciplinary and interprogram activities; (9) provides liaison with counterparts at higher levels; and (10) provides support services for the Center's conferences, advisory committees, and other advisory groups.

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Office of Statistical Research (7B07). (1) Provides general direction to and coordinates the Center's statistical research program; (2) plans and budgets Center-wide research activities; (3) stimulates research in the Center, and maintains close communication with research statisticians in universities and in private and governmental organizations; (4) conducts a program of basic measurement research and long-range applied research in statistical methodology; (5) promotes the publication and dissemination of statistical research findings; and (6) provides technical assistance to the Center Director in methodological matters.

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Division of Analysis (7B31). (1) Plans, directs and conducts a program of in-depth statistical analysis of health status, health services and demographic data; (2) stimulates the development of concepts and statistical data programs throughout the Center; (3) conducts economic analyses of health, including health status, resources and utilization of services; (4) proposes a general schedule of data to be collected by the Center for submission to and approval by the Center Director; (5) prepares an overall plan for the analysis and presentation of data of Center program; (6) develops and applies actuarial methodology in a wide range of vital events and health phenomena; and (7) conducts a program of research related to the health statistics activities, including analytic methodology, techniques and procedures.

Division of the Cooperative Health Statistics System (7B33). (1) Serves as the Director's principal advisor on field relations with State, local and government agencies; (2) coordinates all NCHS activities related to the development and implementation of the Cooperative Health Statistics System; (3) supports and stimulates research and developmental activities aimed at the integration, development and improvement in the Cooperative Health Statistics System; (4) plans, organizes, and directs the Applied Statistics Training Institute; (5) assists users of Cooperative System's data in the utilization of statistical data and methodology through the operation of the Data Use Laboratory; (6) admin-

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isters a grants and contracts program for the implementation of the Cooperative Health Statistics System; and (7) monitors and evaluates the Center's programs in meeting state and local health statistical needs.

Division of Health Interview Statistics (7B35). (1) Plans and administers statistical programs based on a systematic nationwide health interview survey; (2) produces statistical data in tabular and machine-readable form; (3) conducts a research program on survey methodology, data quality and reliability; (4) prepares statistical reports for publication; and (5) collects and evaluates economic data as it relates to individual medical care costs.

Division of Health Manpower and Facilities Statistics (7B37). (1) Plans and administers statistical programs based on systematic nationwide surveys and inventories of health manpower and facilities; (2) produces statistical data in tabular and machine-readable form; (3) conducts a research program on survey methodology, data quality and reliability; (4) prepares statistical reports for publication; and (5) plans, support and conducts special projects on health manpower and facilities.

Division of Health Resources Utilization Statistics (7B39). (1) Plans and administers statistical programs based on a systematic nationwide collection of data on the utilization of health resources; (2) produces statistical data in tabular and machine-readable form; (3) conducts a research program on survey methodology, data quality and reliability; (4) prepares statistical reports for publication; and (5) plans, supports and conducts special projects on health resources utilization.

Division of Health Examination Statistics (7B41). (1) Plans and administers statistical programs based on systematic nationwide health examination surveys of individuals; (2) produces statistical data in tabular and machine-readable form; (3) conducts a research program on survey methodology, data quality and reliability; (4) prepares statistical reports for publication; and (5) plans, supports and conducts special projects on the health examination of individuals.

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Division of Vital Statistics (7B43). (1) Plans and administers statistical programs serving demographic and public health needs of vital statistics, and provides for the analysis and release of data on vital events; (2) promotes utilization of data through expansion of the U.S. vital registration systems and through conduct of sampling surveys to provide demographic and health information; (3) conducts methodological research on evaluating and presenting vital statistics data; (4) develops standards for data collection, data reduction, and tabulation including quality control measures as the basis for a national cooperative vital statistics system at federal, State, and local levels; (5) prepares and releases for publication summary and descriptive analysis of data from the vital statistics system; (6) serves as the focal point in the Federal government for liaison with the registration area, on matters of legal and statistical concern regarding the registration system; (7) monitors and evaluates the vital statistics process to ensure the timeliness of the Center's annual vital statistics series; and (8) publishes life tables and special analysis of life tables phenomena.

Division of Operations (7B45). (1) Plans, directs, coordinates, and evaluates technical support and data collection operations for all of the Center's programs; (2) conducts data reduction and data preparation services in support of data collection and analysis programs; (3) manages the computer operations and provides system programming services; (4) conducts a research program to improve the computer processing technology and methodology; and (5) provides technical information, data dissemination, and technical publication services for all Center programs.

National Center for Health Services Research (7C00) 1/

Conducts or, by means of grants and contracts, supports and stimulates a national program of health services research, development, demonstration, evaluation and health services research training. Responsible for providing information, analyses and advice for policy making, planning and development of national health services strategies. Serves as lead agency in design and support of research and development projects which are prototypes and models for health services programs and providers of health services with emphasis on: (1) Assessing the impact of innovations in planning, organization, financing, management technology, and quality

of care on the health care delivery system; (2) investigating the effects of financing and reimbursement methods on the cost, utilization, and availability of health care services; (3) analyzing alternatives for national health insurance, testing different options, and evaluating the impact of different approaches; (4) studying the interaction of public policy and Federal, State and local laws and regulations with the health system; (5) analyzing and testing options for increased participation of the community and the consumer in the health care process; (6) evaluation of health services and health services innovations with respect to cost effectiveness, quality and availability of personal health services; (7) supporting training of individuals to plan, conduct and manage research, development, demonstration and evaluation of health care delivery systems; (8) assisting in the development of an overall health services research strategy for DHEW and coordinating health services research activities in other health agencies; (9) serving as a primary source of technical and professional assistance to the Assistant Secretary for Health in the area of health policy research and development of a National Health Strategy; and (10) disseminating the results of research, and providing technical assist-

Office of the Director (7C01). (1) Fosters and stimulates a national program of health services research and development activities; (2) plans, directs, administers, coordinates, and evaluates the program and management operations of the Bureau; (3) coordinates the Bureau's activities with other Administration organizational elements, other Federal organizations within and outside the Department, State and local bodies, and professional and scientific organizations; (4) administers and implements grant and contract policies and procedures emanating from the Office of the Secretary; (5) provides secretariat services to the Bureau's Advisory Councils and administers a system of review for the Bureau's grants and contracts; and (6) plans, coordinates, and develops methods for the systematic collection and dissemination of new scientific and technical information among health services researchers and health care practitioners.

1/ Title Change, 40 FR 4183 1/28/75

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Division of Health Services Research Strategy (7031). Develops general health services research strategy for the Bureau and for HRA and HEW, and develops program plans for the Bureau. Develops intelligence, and provides information, analyses and advice for policy making and planning with respect to health services research. To achieve these objectives: (1) Supports, directs, and coordinates intramural research aimed at identifying and defining health care delivery problems within a comprehensive framework; (2) engages in cooperative, comparative international studies of health services; (3) serves as the lead unit of the Bureau to provide technical assistance to Regional Offices and the general health services community; and (4) serves as legislative and regulatory liaison for Bureau programs and activities.

Division of Health Services Evaluation (7033). Conducts evaluation investigations through in-house staff or by grant and contract to determine the validity, effectiveness, and impact, and generalizability of innovative health care experiments conducted both by the Bureau of Health Services Research and other agencies. To accomplish these objectives: (1) Develops collaborative studies with other Federal health agencies; (2) evaluates the impact of other HRA programs and of other HSA, NIH, FDA, SSA, and BVA programs as assigned; (3) assures that major research, development and demonstration projects conducted by the Bureau of Health Services Research have an evaluation component which is part of the before research design and will not require a separate evaluation investigation; (4) conducts independent evaluations of health services activities, or effects of policies as required; and (5) develops appropriate evaluation methodologies.

Division of Long-Term Care (7035). Develops and conducts provider- and community-oriented approaches to improving long-term care health services for the disabled and elderly. Responsible for implementing the President's Nursing Home Improvement Program to improve the quality of life and health care in these facilities. To carry out these responsibilities: (1) Develops and tests models and prototypes to improve the

distribution, utilization and cost-effectiveness of resources and services; (2) provides technical assistance in collaboration with Regional Offices to State agencies, providers, and organizations to implement innovative approaches; (3) directs experiments and demonstrations in alternatives for reimbursement; (4) supports studies of quality of life and health-related care offered by providers; (5) collects, analyzes and disseminates data on status and utilization of and innovative approaches to health services to the elderly and disabled; (6) supports services improvement projects, including short-term training of provider personnel; (7) identifies need for and develops and supports intra- and extramural analyses and research on the organization, delivery and financing of health services and develops national strategies; and (8) collaborates with other programs of HEW, and with those in other Federal agencies on matters relating to long-term care health services for the disabled and elderly.

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Division of Health Services Research and Analysis (7C39). Engages in research and analysis to identify and define health services delivery problems and to develop solutions to them. To accomplish these ends, conceptualizes, structures, fosters, supports and conducts extramural and intramural research on economic, political, legal, social and behavioral factors which influence the delivery of health care, including, but not limited to the following: (1) Maldistribution and inappropriate utilization of resources, including manpower, productivity, performance and licensure; (2) health behavior, knowledge and attitudes of consumers and providers of care; (3) the interaction of public policy and Federal, delivery system; and (4) collaborative State, and local regulatory activities; (4) community decision-making processes; (5) organizational and logistical elements of health care delivery systems in relation to cost, quality, and access; (6) National Health Insurance, with emphasis on economic and utilization implications of various options; (7) theoretical and simulation models of the health care delivery system; and (8) collaborative studies with other Federal and non-Federal agencies, including international research.

Division of Health Services Quality Research (7C41). Supports and conducts research into problems of measuring and monitoring the efficacy and quality of medical care. To accomplish this end: (1) Develops and tests alternate methods of assessing and assuring high quality health care delivery; (2) examines the validity and generalizability of current and proposed measures of quality, including the validity of proxy measures and sampling techniques; (3) performs studies on input, process and outcome measures of quality and the relationships among them; (4) assesses the validity and generalizability of current and proposed indices of health status, and their relationships to the delivery of health services; (5) analyzes the effects of various consumer and provider roles in setting standards for quality, and examines the impact of local versus national standards; (6) analyzes the effectiveness of efforts to improve the quality of care

through positive and negative incentives designed to change behavior; (7) examines the costs of alternative quality assessment and assurance programs in terms of direct costs and resultant costs of providing health care; (8) in conjunction with other agencies and organizations, assesses the efficacy and quality of health care by relating commonly accepted medical procedures to outcomes under controlled conditions and under conditions of usual community practice; (9) examines the effects of organizational and structural factors in health care delivery systems on the quality of care; and (10) provides technical assistance to the Health Services Administration in setting criteria and standards.

Division of Health Systems Design and Development (7C11). Engages in applied research in health systems design and development to solve health services delivery problems. To accomplish this end: (1) Designs, develops, and implements demonstration projects in appropriate settings to test innovation in organization and management, delivery, financing, and technology; (2) develops delegated Federal initiatives for large-scale research and development and for subsequent phasing into implementation units; (3) provides technical assistance to the health services delivery system at regional, State and local levels; (4) develops national testing of innovations with full specification of design, time-phasing and analysis; (5) specifies measurable objectives and operational procedures of development and demonstration projects and examines their cost effectiveness and impact; (6) engages in the development, demonstration, testing and evaluation of applied community-oriented projects in which reimbursement mechanisms and alternative organizational models for delivery of care are designed to affect the way in which services are paid, provided, and utilized; and (7) develops, implements and tests model medical care systems, regional cooperative linkages of health care providers, public regulatory systems, and options for increased participation of the consumer in the health care process.

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Division of Health Care Information Systems and Technology (7C45). Engages in research in information systems and technology applied to health services delivery problems. To accomplish this end: (1) Identifies and develops ways in which technology can enhance the productivity and efficiency of health care personnel and institutions; (2) develops technologies that permit extension of medical services to underserved urban and rural populations; (3) seeks technological solutions to logistical problems surrounding the issues of better distribution of and increased access to health care, paying particular attention to the development of automated medical record systems; (4) supports demonstrations and evaluations of amalgamations of these technologies; (5) engages in a group of closely related Health Care Institutions Management activities which support the development of comprehensive, cost effective systems that automate information handling procedures within such institutions; (6) supports the development and evaluation of devices and systems in cooperation with other Federal agencies that automate processes associated with vital health services; and (7) coordinates with other Federal and private agencies with related applied research responsibilities and cooperates in comparing international studies of health services delivery.

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SEC. 7-C Order of Succession. During the absence or disability of the Administrator or in the event of a vacancy in that office the first official listed below who is available shall act as Administrator except that during a planned period of absence the Administrator may specify a different order of succession:

- (1) Deputy Administrator
- (2) Associate Administrator for Operations
- (3) Director, Bureau of Health Resources Development
- (4) Director, Bureau of Health Services Research
- (5) Director, National Center for Health Statistics

SEC. 7-D Delegations of Authority. (1) The Administrator shall continue to exercise all the authorities given to him under the Delegations of Authority made by the Assistant Secretary for Health (38 FR 18260, July 9, 1973). All delegations or redelegations to any officers or employees of the Health Resources Administration which were in effect immediately prior to the effective date hereof continue in effect in them or their successors, pending further redelegation.

Attachment A

17308

HEALTH RESOURCES ADMINISTRATION

Statement of Organization, Functions, and Delegations of Authority Amendment

Part 7 (Health Resources Administration) of the Statement of Organization, Functions, and Delegations of Authority for the Department of Health, Education, and Welfare as amended (39 FR 1456-61, 1/9/74), is amended to reflect the following changes under section 7-B:

Organization and Functions. Under the Office of Operations and Management (7A19), delete the statement for the Division of Personnel Management (7A-1909) and substitute the following:

Division of Personnel Management (7A1909). (1) Provides personnel management advice and assistance to the Administrator and to managers and supervisors within its servicing area; (2) participates in the development of agency goals and operating plans related to personnel management; (3) within its servicing area, provides personnel management and personnel administration services, including manpower planning and utilization, employment, recruitment, compensation and classification, executive and career development, upward mobility, labor relations, employee relations and occupational health; (4) prepares staff studies and recommendations to agency management on personnel needs and problems; (5) identifies the need for personnel policies and programs

to PHS and collaborates with PHS, as appropriate, in the development of such policies and programs; (6) develops and implements operating procedures and interprets policies to the extent necessary to meet the special needs of the Health Resources Administration in the application of PHS, DHEW, CSC and other Government agency regulations; (7) Represents the Health Resources Administration in personnel management matters with PHS, DHEW, CSC, other Government agencies, professional societies, and colleges and universities.

Dated: April 14, 1975.

JOHN OTTINA,
Assistant Secretary for
Administration and Management.

[FR Doc. 75-10218 Filed 4-17-75; 8:45 am]

FEDERAL REGISTER, VOL. 40, NO. 76

FRIDAY, APRIL 18, 1975

Attachment B

Public Health Service

HEALTH RESOURCES ADMINISTRATION

Statement of Organization, Functions, and Delegations of Authority Amendments

Part 7 (Health Resources Administration) of the Statement of Organization, Functions, and Delegations of Authority for the Department of Health, Education, and Welfare (39 FR 1456, January 9, 1974), as amended, is amended to reflect the following changes under Section 7-B:

Organization and Functions. 1. The statement for the "Bureau of Health Services Research (7C00)" is amended by deleting the statement for the "Division of Regional Medical Programs (7C37)".

2. The statement for the "Bureau of Health Resources Development (7E00 through 7E43)" is deleted and the following statement is substituted:

Bureau of Health Manpower (7E00). Provides national leadership in coordinating, evaluating, and supporting the development and utilization of the Nation's health manpower. To this end the Bureau: (1) Assesses the Nation's health manpower supply and requirements and forecasts supply and requirements for future time periods under a variety of health resources utilization strategies; (2) collects and analyzes data and disseminates information on the characteristics and capacities of the Nation's health manpower production systems; (3) proposes modifications of or new Departmental legislation, policies, and programs related to health manpower development and utilization; (4) develops, tests, and demonstrates new and improved approaches to the development and utilization of health personnel within various patterns of health care delivery and financing systems; (5) administers Federal programs for targeted manpower development and utilization; (6) provides technical assistance, consultation, and special financial assistance

to national, State and local agencies, organizations, and institutions for the development, production, utilization, and evaluation of health manpower; (7) provides linkage between Bureau headquarters and PHS Regional Office activities related to manpower education and utilization by providing training, technical assistance, and consultation to Regional Office staff; (8) coordinates its activities with the programs of other agencies within PHS, the Department, and in other Federal Departments and agencies concerned with health manpower development and health care services; (9) provides liaison and coordination with non-Federal organizations and agencies concerned with health manpower development and utilization; and (10) in coordination with the Office of International Health, PHS, serves as a focus for technical assistance activities in the international aspects of health manpower development, including the conduct of special international projects relevant to domestic health manpower problems.

Office of the Director (7E01). Provides leadership and direction for the programs and activities of the Bureau. Specifically: (1) Develops program objectives, alternatives, and policy positions consistent with broad administration guidelines; (2) evaluates program accomplishments; (3) develops and administers operating policies and procedures and provides assistance to Bureau constituents to achieve effectiveness and economy in the management of Bureau programs; (4) coordinates Bureau activities, with special emphasis on developing, implementing, and evaluating multidisciplinary programs for the education and utilization of the health professions and the development of an adequate and balanced health manpower supply, and on achieving an integrated approach to the planning, utilization, and deployment of the Nation's health manpower; (5) provides selected management services for the Bureau and carries out necessary coordination with respect to management services provided for the Bureau by the Office of the Administrator, HRA; (6) directs and coordinates Bureau activities carried out in support of Equal Employment Opportunity programs; (7) provides guidance and assistance to PHS Regional Offices in executing the Bureau's responsibilities for the efficient and effective conduct of decentralized grant and contract programs; and (8) provides information about Bureau programs to the general public, health professions associations, and other interested groups and organizations.

Office of Interdisciplinary Programs (7E03). Plans, coordinates and directs selected multidisciplinary or multidivisional health manpower development activities. Specifically: (1) Identifies Bureau activities that are interdisciplinary or multidivisional in nature and provides leadership for coordinated management; (2) provides Bureau direction to such programs, including interdisciplinary

education, remote site health professional education activities, and development of learning resources; and (3) coordinates Bureau programs in relation to equal access for health career opportunities.

Office of Program Support (7E05). Develops and administers policies and procedures to achieve effectiveness and economy in the management of Bureau programs. Specifically: (1) Guides, coordinates, and evaluates the administrative management aspects of Bureau programs; (2) promotes the application of improved management systems and practices; (3) provides specialized management services and consultation to Divisions and staff offices of the Bureau, including library services, records and correspondence management, office services, personnel management, equal employment opportunity services, and management analysis; (4) in cooperation with the Division of Financial Management, HRA, provides financial guidance and information to Bureau program managers in the operation of the Bureau's financial management system, including program policy interpretation in budget formulation and execution; and (5) coordinates administrative management aspects of the Bureau's contract activities.

Office of Program Development (7E15). Serves as the Bureau focus for program development activities to provide a coordinated approach for future-oriented Bureau policies and directives. Specifically: (1) Develops and carries out program planning and evaluation activities, including objectives, alternatives, policy positions, and assessment of program effectiveness; (2) coordinates the development of new legislative proposals from within the Bureau; and (3) develops and conducts manpower data collection and analysis appropriate for the Bureau and coordinates such collection and analysis performed in Bureau divisions and externally.

Office of Program Operations (7E17). Provides a Bureau focus for grant and contract policy and, in cooperation with the Office of Regional Operations, PHS, coordinates Bureau programs with PHS Regional Office operations. Specifically: (1) Develops and promulgates criteria, guidelines, and operating procedures for new and revised health manpower planning, development, and utilization programs; (2) facilitates and coordinates communications, technical assistance, training, and consultation between regional and headquarters operations; (3) serves as liaison between Bureau programs and HRA, Office of the Assistant Secretary for Health (OASH), and PHS regional interests; (4) provides technical, administrative, and management support for the Bureau's Health Professions Education Council; (5) provides direct technical and management assistance to PHS Regional Offices on all aspects of Health Professions and Nursing Student Assistance activities; and (6) provides financial management services to the Bureau and to PHS Regional Of-

fices with respect to student loans and scholarships, including accounting and loan repayment functions.

Division of Medicine (7E15). (1) Provides the professional expertise and leadership required by the Bureau in carrying out its responsibilities for planning, coordinating, evaluating, and supporting development and utilization of the Nation's health manpower, with special emphasis on physicians, osteopaths, and closely associated assistants, particularly the physician assistant; (2) serves as a principal focus for these professions with regard to education, practice, and manpower research; (3) supports and conducts programs with respect to the need for and the development, use, credentialing, and distribution of such personnel; (4) engages with other Bureau programs in cooperative efforts of research, development, and demonstration on the interrelationships between members of the health care team, their tasks, educational requirements, and training modalities; (5) maintains liaison with relevant health professional groups and others, including consumers, having common interests in the Nation's capacity to deliver health services; and (6) provides consultation and technical assistance to public and private organizations, agencies, and institutions, including agencies of the Federal Government and PHS Regional Offices, on all aspects of medical manpower relevant to the Division's functions.

Division of Dentistry (7E33). (1) Serves as a principal focus for dentistry with regard to dental education, practice, and manpower and service research; (2) provides the professional dental expertise and leadership required by the Bureau in carrying out its responsibilities for planning, coordinating, evaluating, and supporting development and utilization of the Nation's health manpower resources; (3) supports and conducts programs with respect to the need for and the development, use, credentialing, and distribution of dental personnel, including dentists, dental hygienists, expanded function auxiliaries, dental assistants, and dental technicians; (4) conducts and supports programs to advance the health of individuals, families, and groups within the community through application of known measures for controlling dental diseases and disorders; (5) engages with other Bureau programs in cooperative efforts of research, development, and demonstration on the interrelationships between individual members of the health care team, their tasks, educational requirements, and related training modalities; (6) maintains liaison with health professional groups and others, including consumers, having common interests in the Nation's capacity to deliver dental services; and (7) provides consultation and technical assistance to public and private organizations, agencies, and institutions, including agencies of the Federal Government and PHS Regional Offices, on all aspects of dentistry relevant to the Division's functions.

Division of Nursing (7E35). (1) Serves as a principal focus for nursing with regard to nursing education, practice, and research; (2) provides the professional nursing expertise and leadership required by the Bureau in carrying out its responsibilities for planning, coordinating, evaluating, and supporting development and utilization of the Nation's health manpower resources; (3) supports and conducts programs with respect to the need for and the development, use, credentialing, and distribution of nursing personnel, including registered nurses, practical or vocational nurses, and nursing aides; (4) assists State and local areas in planning, developing, and improving nursing services and educational programs; (5) conducts and supports programs related to the provision of nursing care to advance the health status of individuals, families, and communities; (6) engages with other Bureau programs in cooperative efforts of research, development, and demonstration on the interrelationships between individual members of the health care team, their tasks, education requirements, and related training modalities; (7) maintains liaison with health professional groups and others, including consumers, having common interests in the Nation's capacity to deliver nursing services; (8) fosters, supports, and conducts projects to expand the scientific base of nursing practice and role reformulation and to develop and incorporate new knowledge into practice and education; and (9) provides consultation and technical assistance to public and private organizations, agencies, and institutions, including the Federal Government and PHS Regional Offices, on all aspects of nursing relevant to the Division's functions.

Division of Associated Health Professions (7E37). (1) Provides the professional expertise and leadership required by the Bureau in carrying out its responsibilities for planning, coordinating, evaluating, and supporting the development and utilization of the Nation's health manpower in the fields of optometry, podiatry, pharmacy, veterinary medicine, public health, and the allied health professions and occupations; (2) serves as a principal focus for these professions and occupations with regard to education, practice, and manpower research; (3) supports and conducts programs with respect to the need for and the development, use, credentialing, and distribution of such personnel; (4) engages with other Bureau programs in cooperative efforts of research, development, and demonstration on the interrelationship between members of the health care team, their tasks, education requirements, and training modalities; (5) maintains liaison and carries out collaborative efforts with other Federal agencies and with other organizations and institutions in the fields of education, health service, and the health professions and sciences having a common interest in improving the Nation's capacity to deliver health services; and (6)

provides consultation and technical assistance to public and private organizations, agencies, and institutions, including Federal, State, and local Government and PHS Regional Offices, on all aspects of manpower relevant to the Division's functions.

3. Add the following immediately following the statement for the "Bureau of Health Manpower (7E00)":

Bureau of Health Planning and Resources Development (7F00). Provides national leadership and administration of a program of Federal, State, and area-wide health planning and health delivery systems development. To this end the Bureau will: (1) Facilitate the creation of a nationwide network of local health systems agencies responsible for preparing and implementing plans to improve the health of the residents of their respective health service areas, to increase the accessibility, acceptability, continuity, and quality of health services in the areas, and to restrain increases in the costs of the areas' health services; (2) provide for the designation, and support the effective functioning, of State Health Planning and Development Agencies responsible for performing the State government's health planning and health delivery systems development activities and the coordination of the local Health Systems Agencies within the State's geographical boundaries through the aegis of the Statewide Health Coordinating Councils; (3) administer a program of financial assistance for State and local health planning and delivery systems development activities through a system of grants, contracts, loans and loan guarantees; (4) provide technical and other non-financial assistance and support to the planning agencies by conducting studies and analyses of health planning, health resources, and health delivery systems development, engendering improved health planning approaches, methodologies, policies and standards, and establishing multidisciplinary centers for health planning; (5) focus the use of resources for medical facilities construction on the highest priority needs and combine the administration of the facilities program at the State level with the administration of State health planning and health delivery systems development activities; (6) review grantee institutions to assure and enforce compliance with the requirements applicable to the receipt of assistance under the facilities construction and modernization portions of the program; (7) develop and apply performance standards, guidelines, and criteria for governing the structure, operation, and performance of the functions of the Health Systems Agencies and State Agencies; and (8) coordinate Bureau activities with the Office of the Assistant Secretary for Health (OASH), with the programs of PHS Agencies and other operating components within the Department, and with other Federal, State and local agencies and groups concerned with health planning, health resources, and health delivery systems development.

Office of the Director (7F01). Provides leadership and direction for the programs and activities of the Bureau. Specifically: (1) Coordinates the internal functions of the Bureau and its relationships with other national health programs; (2) develops program objectives, alternatives, and policy positions consistent with legislation and broad Administration guidelines; (3) develops and administers operating policies and procedures and, in consultation with the Office of Regional Operations, PHS, provides guidance and assistance to PHS Regional Office personnel who execute the Bureau's responsibilities and conduct, and assist in developing the Bureau's programs; (4) evaluates program accomplishments; (5) provides selected management services for the Bureau and coordinates them with management services provided for the Bureau by the Office of the Administrator HRA; (6) serves as a principal contact and advisor to the Department, OASH, the Health Resources Administration and other PHS Agencies, the National Advisory Council on Health Planning and Development, and other parties concerned with matters relating to planning and development of health delivery systems; (7) directs and coordinates Bureau activities carried out in support of Equal Employment Opportunity programs; and (8) provides, through the Office of Communications, HRA, information about Bureau programs to the general public, health professions associations, and other interested groups and organizations.

Office of Policy Coordination (7F03). Serves as the Bureau Director's staff component for policy coordination. Specifically: (1) Insures that Bureau program policies and operating procedures are consistent with general HEW, PHS, HRA, and other Federal policies and requirements; (2) assists in the development, clearance, and issuance of such policies and procedures; (3) coordinates, performs analysis of, and assesses the impact of diverse program policy on the mission of the Bureau; (4) brings to the attention of the Bureau Director and executive staff policy issues which have not been resolved at lower levels; (5) assures that Bureau personnel are informed of policy evolution on a periodic basis; (6) serves as a Bureau focal point for communicating with PHS and other HEW components with regard to policy clearance; (7) reviews controlled correspondence for potential policy ramifications or impact, makes action assignments, follows up to assure timely and appropriate action, and maintains a schedule of pending requests for management uses; and (8) establishes and maintains central files for the Bureau.

Office of Evaluation and Legislation (7F05). Serves as the Director's primary staff unit and source of advice on program evaluation and legislative affairs. Specifically: (1) Prepares and directs the implementation of comprehensive program evaluation strategies to obtain needed evaluative data; (2) exercises leadership in formulating indices and

measures for evaluating program progress and accomplishments; (3) works closely with the Bureau's data and information gathering activities to enhance their relevance and usefulness for evaluation purposes; (4) stimulates, oversees and/or assists in the conduct of evaluation studies; (5) participates in the dissemination and implementation of evaluation findings and recommendations; (6) monitors health legislation affecting the Bureau's programs; (7) participates in the development of modifications in and extensions of the program's enabling legislation; and (8) provides leadership for task-oriented problem resolution at the discretion of the Director.

Office of Operations Monitoring (7F17). Provides, in close liaison with the Office of Regional Operations, PHS, a Bureau focal point for monitoring operational activities carried out through the PHS Regional Offices. Specifically: (1) Plans, directs, and coordinates the Bureau's monitoring and assessment programs; (2) participates in Bureau policy formulation by advising on the operational implications of the Bureau's plans and programs; (3) devises, controls, and operates the Bureau's management control and information systems; (4) collaborates with the program divisions to establish criteria, parameters, and content of information required for the effective monitoring of program operations; and (5) provides analysis of Regional operational problems and suggests solutions.

Office of Program Support (7F19). Plans, directs, and evaluates the administrative management support activities of the Bureau and provides or acquires requisite management services and resources for the Bureau. Specifically: (1) Plans, directs, and coordinates those personnel management and training programs which meet the particular needs of the Bureau; (2) plans, directs, and coordinates property management and procurement programs; (3) conducts organization and management surveys and develops necessary systems and controls to maintain and further the organization and management practices of the Bureau; (4) in cooperation with the Division of Financial Management, HRA, provides financial guidance to Bureau program managers in the operation of the Bureau's financial management system, including program policy interpretation in budget formulation and execution, and preparation of program planning and budgetary support data; (5) serves as the Bureau focal point for the formulation of ADP policy and for the planning, development, and evaluation of ADP systems; (6) develops procedures for and maintains the Bureau's reports management system; (7) coordinates Bureau activities in management planning and prepares such documents as the forward plan, OPS, and Bureau contributions to higher level planning activities; (8) conducts Bureau management improvement programs; (9) participates with the Office of Evaluation and Legislation in program and

legislative planning to assure recognition of management and resource concerns; and (10) maintains close liaison with the Office of Operations and Management, HRA, and with other governmental agencies and outside groups.

Division of Agency Development (7F31). Provides a Bureau focus for the management and operational development of health systems agencies and State agencies. Specifically: (1) Serves as a central reference and problem resolving point to assist PHS Regional Office personnel in agency management and operational development; (2) prepares prototype plans of organization and operation of agencies; (3) prepares and provides for PHS Regional Office use various determinants and guides to meet the needs of a broad variety of agency situations and levels of development; (4) participates in the development and maintenance of agency performance standards and assessment criteria; (5) provides assistance to agencies through the PHS Regional Offices in the form of information, guides, and interpretations including, but not limited to: Guides to incorporation, revisions of by-laws, staffing patterns, personnel policies, organization models, administrative manuals, salary determinations, position descriptions, and agency policy and procedures; (6) serves as a consultative resource with respect to agency development matters as they relate to other program activities of the Bureau; (7) coordinates agency development activities closely with other program activities of the Bureau; and (8) participates in establishing Management Information System data sets and reporting criteria that are relevant to agency development and problem determination and resolution.

Division of Planning Methods and Technology (7F33). Provides a Bureau and national focal point for the development and dissemination of technical materials, planning approaches, methodologies, policies, standards, and guidelines for the use of health systems agencies, State agencies, and concerned parties in planning and developing health delivery systems to meet the public need. Specifically: (1) Develops and disseminates guidelines for the conduct of planning and specifies the minimum data needs for determining the health status of residents of health service areas, for determining the status of health resources and services, and for describing the use of such resources and services; (2) develops guidelines as a result of the concerns of and the priorities established by the National Advisory Council on Health Planning and Development; (3) establishes and maintains a National Health Planning Information Center; (4) coordinates the development of health service modeling efforts; (5) maintains close liaison with the National Center for Health Statistics, the Bureau of the Census, and other data generators; (6) participates with the Office of Regional Operations, PHS, in the development of PHS Regional Office staff expertise for providing guidance and assistance to agencies in the full range of

planning technical assistance; (7) provides guidance to agencies and users with regard to statistical methods, research design, population estimation, and projection methodologies; and (8) plans, develops, and maintains a number of Centers for Health Planning to provide multidisciplinary assistance and materials to agencies for health delivery systems planning and development.

Division of Facilities Development (7F35). Serves as the Bureau focal point for PHS guidance and direction of facilities development activities and standard-setting for the construction, modernization, and expansion of health care facilities. Specifically: (1) Collaborates with the Division of Planning Methods and Technology in preparing and maintaining criteria and standards for facilities plans; (2) coordinates feasibility reviews and project approval requirements of section 242 of the National Housing Act and carries comparable responsibilities for direct loans and loan guarantees administered by DHEW; (3) maintains requisite liaison with DHEW, PHS, and other Federal departments and agencies regarding development of policies and guidelines; (4) provides leadership in the architectural, engineering, and equipment aspects of the health facilities construction program, conducts studies on design and construction requirements, and maintains liaison with State hospital associations and other professional organizations concerned with the design, construction, and equipping of health facilities; (5) participates in a variety of programs of analysis, evaluation, studies, and testing of data, formulae, and projections concerning the development and maintenance of health care facilities and their programs of technical and financial support; (6) collaborates with the Office of Operations Monitoring in providing guidance for the effective monitoring of facilities grants and loan programs conducted by PHS Regional Office personnel; (7) coordinates its activities with programs within the Bureau, HRA, PHS, DHEW, and other agencies and groups concerned with health care facilities; and (8) develops and maintains regulations, guidelines, and criteria for review and enforcement of institutional compliance with required assurances applicable to receipt of assistance under Title XVI of the PHS Act.

Division of Regulatory Activities (7F37). Functions as the focal point for all regulatory activities of health system agencies and State agencies. Specifically: (1) Creates and maintains standards for certificate of need and sec. 1122 agreements; (2) prepares or modifies criteria and guidelines for review and approval activities; (3) serves as a consultative resource regarding rate review practices, standards, and utilization; (4) collaborates with the Division of Planning Methods and Technology in priority setting and development of needed research by relaying trends and indicators revealed through analysis of review and approval activities; (5) develops

programmatic guides prescribing conduct of regulatory activities of grantee agencies; (6) establishes and maintains systems for interpreting regulatory policy to PHS Regional Office staff and grantee agencies; (7) interprets and explains regulatory policies to PHS Agencies and other operating components within the Department, other Federal departments and agencies, and the public; (8) cooperates with PHS Agencies and other operating components of the Department and with other Federal departments and agencies in the development and operation of enforcement mechanisms for regulation; (9) reviews and assesses State and local regulatory programs employing regulatory concepts and mechanisms outside the purview of health planning and resources development legislation; (10) prepares and revises monitoring criteria for use by the Office of Operations Monitoring to insure that requisite information for regulatory assessment and evaluation are provided; (11) participates in executive staff considerations of policy or program changes which impact on regulatory activities; and (12) suggests State and Federal legislative actions which will further attainment of regulatory goals.

Dated: March 20, 1975.

JOHN OTTINA,
Assistant Secretary for
Administration and Management.
[FR Doc.75-11582 Filed 5-2-75; 9:45 am]

F. THE NATIONAL INSTITUTES OF HEALTH

NOTICES

cluding the development and support of medical libraries and the training of medical librarians and other health information specialists.

Sec. 8-B Organization and functions. The National Institutes of Health is administered by the Director of the National Institutes of Health, under the direction of the Assistant Secretary for Health. NIH consists of the following major components with functions as indicated:

Office of the Director (8A). Provides leadership and direction to the programs and activities of the National Institutes of Health.

Office of the Director and Deputy Directors (8A01). (1) Assists the Assistant Secretary for Health in the formulation of national health policy; (2) provides leadership in the development and implementation of policies and programs in support of biomedical research and communications; (3) manages and coordinates the activities of the National Institutes of Health.

Division of Equal Employment Opportunity (8A0106). (1) Advises the NIH Director and his staff on matters related to the equal employment opportunity programs and policies of the NIH; (2) plans, coordinates, provides policy direction, monitors, and evaluates execution of the equal employment opportunity program; (3) provides for investigation of complaints of discrimination and for fair and judicious processing of such complaints; (4) coordinates with the Division of Personnel Management and other responsible organizational elements in the development and implementation of plans for achieving definite and measurable progress in the equal employment opportunity program; (5) consults with and advises responsible officials in bureaus, institutes, and divisions regarding problems and progress of equal employment opportunity programs in their respective organizations; (6) represents the Director, NIH, in contacts with groups, both within and outside NIH, concerned with equal employment opportunity; (7) maintains liaison with CSC, DHEW, PHS, and other Federal agencies concerned with Federal equal employment opportunity programs.

Office of Collaborative Research (8A02). (1) Advises the Director, NIH, and his staff on collaborative and research contract programs; (2) provides guidance to NIH components in the development and management of collaborative research programs.

Office of Extramural Research and Training (8A03). (1) Advises the Director, NIH, and his staff, and provides guidance to the bureaus, institutes, and divisions on the extramural research and training programs of the NIH; (2) coordinates grants policy for the whole of NIH, and represents the NIH to the Assistant Secretary for Health on overall grants policy.

Office of Intramural Affairs (8A04). Advises the Director, NIH, and his staff, and provides guidance to research bureaus and institutes on the intramural research programs of the NIH.

Office of Clinical Care (8A05). (1) Advises the Director, NIH, and his staff on policies relating to clinical care; (2) provides guidance to research bureaus and institutes on matters affecting clinical care.

Office of Program Planning and Evaluation (8A06). (1) Advises the Director, NIH, and his staff on program plans and policies and on legislative proposals; (2) evaluates the programs of the operating organizations of the NIH and makes recommendations thereon to the Director; (3) directs staff activities relating to program development, program analysis, resources analysis, and legislative liaison and development.

Division of Program Analysis (8A0102). (1) Prepares annually an overall long-range program plan for NIH and coordinates and/or carries out associated program planning activities; (2) prepares annual Research and Evaluation Plan for NIH and manages all NIH program evaluation activities conducted as part of the Department's Health Evaluation Program; (3) prepares a variety of analytic studies and reports to assist the Director of NIH and his top staff in making broad policy and program decisions affecting the size, scope, and direction of NIH programs; (4) performs the OMB project review and clearance function for NIH.

Division of Resources Analysis (8A0603). (1) Provides systematic, continuing analysis of national resources for biomedical research, education, and communication; (2) identifies significant national trends in allocation of resources for biomedical research and analyzes implications for NIH policy and program planning; (3) develops long-range projections of biomedical research requirements and resources; (4) designs and manages surveys and monitors contractual arrangements to obtain data on: (a) flow of funds for biomedical research, and (b) supply, utilization, characteristics, and training of manpower for biomedical research and education; (5) in coordination with PHS develops special reports on national needs and resources capabilities for the Executive Branch and the Congress.

Division of Legislative Analysis (8A0604). (1) Identifies, analyzes, and reports on legislative developments relevant to NIH programs and activities; (2) assesses the need for and proposes changes in the statutory base of NIH activities; (3) plans and develops new legislative proposals; (4) coordinates and controls NIH Congressional communications; (5) provides coordination on NIH legislative matters with the Office of the Assistant Secretary for Health, the Department, the Congress, and other bodies; (6) coordinates preparation of testimony or statements for the use of staff of the Office of the Director before Congressional committees or other groups; (7) develops special reports, staff documents, or other studies concerning NIH interests, activities, and relationships.

Office of Administration (8A07). (1) Advises the Director, NIH, and his staff

Public Health Service

NATIONAL INSTITUTES OF HEALTH

Statement of Organization, Functions, and Delegations of Authority

Part 8 of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health, Education, and Welfare is hereby amended to reflect the implementation of the Reorganization Order effective July 1, 1973, and the Reorganization Order effective September 25, 1973, with respect to the organization of the National Institutes of Health (NIH) as a Public Health Service agency. Current statements for the National Institutes of Health are to be deleted and replaced by those given below.

SECTION 8.-A Mission. The National Institutes of Health provides leadership and direction to programs designed to improve the health of the people of the United States through the following activities:

(1) Conducts and supports research in the causes, diagnosis, prevention, and cure of diseases of man, in the processes of human growth and development, in the biological effects of environmental contaminants, and in related sciences, and supports the training of research personnel, the construction of research facilities, and the development of other research resources.

(2) Directs programs for the collection, dissemination, and exchange of information in medicine and health, in-

on administration and management; (2) provides leadership and guidance in all phases of management; (3) directs staff and service functions in the areas of budget and financial management, personnel management, management policy, engineering services, grant and contract management, general administration, and management surveys.

Division of Financial Management (8A0702). (1) Advises the Director, NIH, and his staff and provides leadership and direction for NIH financial management activities; (2) collaborates with the Office of Program Planning and Evaluation in the development and implementation of the long-range plan; (3) develops policies and instructions for budget preparations and presentation; (4) administers allocation of funds and manages a system of fund and budgetary controls; (5) provides an NIH manpower resource control system designed to allocate resources; (6) provides, through development and maintenance, an NIH Management Account Structure; (7) directs planning and implementation of NIH fiscal systems and procedures and provides accounting services to all NIH components; (8) provides a central grant accounting and financial reporting point for all DHEW grants to educational and nonprofit institutions; (9) participates in the development of policies and procedures pertaining to grants and contracts.

Division of Personnel Management (8A0703). (1) Advises the Director, NIH, and his staff on personnel management; (2) directs central personnel management services; (3) provides NIH leadership and planning on personnel program development, salary administration, Upward Mobility, and other personnel functions; (4) makes studies and recommendations to top management at NIH and PHS for new or redirected personnel efforts and policies and participates, as appropriate, in the development of such policies.

Division of Administrative Services (8A0705). (1) Plans and conducts a centralized program of technical and administrative services in support of biomedical research, patient care, and administrative and plant operations; (2) advises the Associate Director for Administration on central services matters and acts as his representative with PHS, DHEW, GAO, and GSA; (3) collaborates with scientific, technical, and administrative staff of NIH components in the management of programs to meet NIH needs for administrative services and logistical support; (4) develops and implements policies and procedures in areas of responsibility.

Division of Engineering Services (8A0706). (1) Plans and conducts a centralized program in support of the construction, operation, and maintenance of NIH facilities and advises the Associate Director for Administration in these areas; (2) provides engineering design and architectural services in the (a) planning of NIH facilities and improvements, (b) the administration and inspection of NIH construction under direct contract, and

(c) liaison with and inspection of projects administered by the GSA or the Office of Facilities Engineering and Property Management, DHEW, in coordination with PHS; (3) provides engineering craft and labor services in operating and maintaining NIH buildings, grounds, utility plants, and related equipment; (4) maintains liaison with state and local review and governing authorities.

Division of Contracts and Grants (8A0707). (1) Advises the Director, NIH, and his staff and provides leadership and direction for NIH contracting and grants management activities; (2) plans, develops, and recommends NIH-wide research and development negotiated contracting policies, procedures, and practices; (3) provides contracting officer services to those NIH components which have a small volume of research contracts; (4) maintains a continuing review of contracting operations in those bureaus, institutes, and divisions with decentralized authority to insure adherence to FPR, DHEW, PHS, and NIH policies and standards; (5) provides NIH research contracting operating units with price/cost analysis services and comprehensive advice on the financial responsibility of prospective contractors; (6) participates with other offices in the Office of the Director, NIH, and with NIH awarding components in the formulation, coordination, and implementation of DHEW, PHS, and NIH policies and procedures pertaining to grants administration, and serves as focal point of liaison with the management staffs of grantee institutions; (7) in coordination with PHS, maintains liaison with the Audit Agency, Office of the Assistant Secretary Comptroller, and with the Office of Grants and Procurement Management, OS, on contracts and grants management policy, procedural, and operating matters including the resolution of audit reports.

Division of Management Policy (8A0708). (1) Advises and assists OD staff and operating officials on management policy, procedures, organization, business ADP systems, and related management matters; (2) provides staff assistance and coordination in management planning and in related policy development and implementation; (3) conducts management studies and evaluates studies of NIH made by outside organizations; (4) reviews, monitors, and advises on the development of business ADP systems at NIH and furnishes assistance in the analysis, design, and coordination of data systems in the administrative areas; (5) conducts a management program covering directives, forms, reports, records, and other aspects of paper work management; (6) maintains liaison with and, as assigned, serves as NIH coordinator for PHS and Department-wide efforts to improve management and administration.

Division of Management Survey and Review (8A0709). Provides advice and assistance to OD staff and operating officials on management problems: (1) Plans and organizes a management survey program throughout NIH; (2) plans, schedules, and conducts reviews designed

to appraise soundness and adequacy of management control systems; (3) develops recommendations to the OD staff, NIH, and the head of the organization surveyed, for improving the system of management controls and follows up to verify if corrective actions have been taken and if results are satisfactory; (4) investigates specific problem areas at the request of top management; (5) in coordination with PHS, acts as the central NIH liaison point for relationships on internal audit matters with the GAO and the HEW Audit Agency.

Office of Communications (8A09). (1) Advises the Director, NIH, with particular reference to the communications aspects of NIH policies and programs; (2) plans and directs activities designed to achieve better understanding of NIH programs, and accomplishments on the part of the general public, Congress, biomedical institutions, and the medical profession; (3) plans and directs programs designed to facilitate dissemination of scientific and technical information arising from NIH research to professional audiences; (4) advises the Director, NIH, on applications of the Freedom of Information Act and serves as the principal NIH spokesman in these matters; (5) assures effective communication on policy and program between the Office of the Director and operating components of NIH.

Division of Public Information (8A0902). (1) Advises the Associate Director for Communications on policies and programs relating to public information and public affairs activities of the NIH; (2) plans and directs the public information program; (3) identifies NIH needs in the area of public information and plans and carries out special efforts to meet those needs; (4) provides for orderly and expeditious processing and dissemination of NIH public information materials.

Division of Scientific Reports (8A0903). (1) Advises the Associate Director for Communications on policy and program aspects of NIH's multicategorical effort to interpret, present, and disseminate research findings and scientific and health information to the biomedical community and other special audiences; (2) provides guidance and coordination to and evaluates bureau, institute, and division programs of scientific and health reporting; (3) directs the public inquiry function for the Office of the Director; advises and assists operating components of NIH in establishing policies and procedures to insure prompt and informative answers to inquiries concerning their activities; (4) prepares and publishes scientific and technical publications and reports relating to NIH programs and accomplishments; (5) serves as principal advisor to the Associate Director for Communications on the requirements of the Freedom of Information Act as it applies to NIH and on Departmental and OMB regulations governing scientific reporting and public inquiries; develops and issues guidelines to insure conform-

ance with laws, policies, and regulations in these areas throughout NIH.

National Cancer Institute (8C). Plans, conducts and coordinates a national program involving (a) research on the detection, diagnosis, cause, prevention, treatment, and palliation of cancers and on rehabilitation of the cancer patient and (b) demonstration of the effectiveness of cancer control methods and techniques. Specifically: (1) Conducts and directs research performed in its own laboratories and through contracts; (2) supports and coordinates research projects by scientific institutions and individuals through research grants; (3) supports manpower training in fundamental sciences and clinical disciplines through individual and institutional research training awards and clinical education awards; (4) supports construction of laboratories and related facilities necessary for research on cancer; (5) supports field tests and community demonstration projects of methods and techniques for cancer control; (6) collaborates with voluntary organizations and other institutions engaged in cancer research, training, and control activities; (7) encourages and coordinates cancer research by industrial concerns where such concerns evidence a particular capability for programmatic research; (8) collects and disseminates information on cancer research and cancer control; (9) consults with appropriate individuals and agencies in the development, coordination, and support of cancer research programs in other countries.

Office of the Director (8C01). (1) Serves as the focal point for the National Cancer Program; (2) develops a National Cancer Plan and monitors implementation of the Plan; (3) directs and coordinates the Institute's programs and activities; and (4) develops and provides policy guidance and staff direction to the Institute's programs in areas such as program coordination, program planning, clinical care, and administrative management.

Office of Program Planning and Analysis (8C02). (1) Manages the development and updating of the National Cancer Plan and monitors implementation of the Plan; (2) plans and analyzes the program plans for the Institute; (3) provides leadership for and coordinates Institute scientific and technical information activities, including development of a research data bank and a management information system for the National Cancer Program; (4) provides staff support to the Office of the Director for coordination of the National Cancer Program.

Office of Administrative Management (8C07). (1) Directs and conducts administrative management activities of the Institute by providing services in areas of financial management, contract management, personnel management, and administrative services; (2) advises the Director and the Divisions of the Institute on developments in administrative management and their implications and effects on program management; (3) co-

ordinates administrative management activities of the Divisions; (4) develops policies on administrative management and prepares and issues procedures and guidelines for implementation of administrative policies and requirements.

Office of Cancer Communications (8C08). (1) Develops and manages the program communications activities of the National Cancer Institute/National Cancer Program; (2) interprets program and organizes, prepares, and disseminates reports on cancer research and treatment for Congress, HEW, and other Federal departments, and for research institutions and other organizations participating in the National Cancer Program; (3) maintains liaison with National Cancer Program constituents on behalf of the Director to facilitate program management and reporting and interpretation and information exchange, and advises the Director on these matters; (4) responds to public inquiries; (5) prepares and coordinates internal reports for dissemination within the Institute and other parts of the Executive Branch, and to the Congress; (6) serves as a focal point for information on legislation and other Congressional developments affecting the National Cancer Program; (7) supports the Cancer Control Program in developing cancer education programs for professionals treating cancer patients and for individuals with cancer and at risk to cancer.

Division of Cancer Treatment (8C10). (1) Plans, directs, and coordinates an integrated program of cancer treatment activities with the objective of curing or controlling cancer in man by utilizing combination modalities including chemical, surgical, radiological, and certain immunological techniques, through intramural laboratory and clinical studies, contracted research, and research conducted in cooperation with other Federal agencies; (2) administers a total drug development program encompassing all phases from drug acquisition up to and including clinical trials; (3) serves as the national focal point for information and data on experimental and clinical studies related to cancer treatment and for the distribution of such information to appropriate scientists and physicians; (4) participates in the evaluation of and advises the Institute Director on program related aspects of cancer control activities and of grants and grant applications as they relate to cancer treatment.

Clinical Oncology Program (8C1006). (1) Plans, directs, coordinates, and evaluates patient care activities of the NCI and a program of basic, applied and clinical research in cancer treatment; (2) establishes program priorities, allocates clinical resources, integrates the projects of the various branches, evaluates program effectiveness and represents the program area in management and scientific decision-making meetings within the Institute; (3) through intramural studies and contracts, administers research in surgery, radiotherapy, chemotherapy and combined modalities of treatment; (4) advises the Director

of the Division, the National Cancer Advisory Board and other scientific advisory committees.

Baltimore Cancer Research Center Program (8C1007). (1) Plans, directs, coordinates, and evaluates a program of laboratory and clinical research, carried on by the NCI Baltimore Cancer Research Center; (2) establishes program priorities, allocates resources, integrates the projects of the various branches, evaluates program effectiveness, and represents program areas in management and scientific decision-making meetings within the Institute; (3) through intramural studies and contracts, administers research and clinical support in general medical services including surgical, chemotherapeutic, and radiotherapeutic services; (4) advises the Director of the Division and supports the activities of the National Cancer Advisory Board and other scientific advisory committees.

Experimental Therapeutics Program (8C1008). (1) Plans, directs, coordinates, and applies research concerning the pharmacologic and toxicologic aspects of cancer chemotherapy; (2) establishes program priorities, allocates resources, integrates the projects of the various branches, evaluates program effectiveness, and represents program area in management and scientific decision-making meetings within the Institute; (3) through intramural laboratories and contracts, administers research in cell biology, toxicology, pharmacokinetics and dynamics, drug metabolism, experimental therapeutics, and molecular, chemical, and biochemical pharmacology; (4) advises the Director of the Division and supports the activities of the National Cancer Advisory Board and other scientific advisory committees.

Drug Research and Development Program (8C1009). (1) Plans, directs, coordinates, and evaluates a program of basic and applied research in drug development and evaluation; (2) establishes program priorities, allocates resources, integrates the projects of the various branches, evaluates program effectiveness, and represents program area in management and scientific decision-making meetings within the Institute; (3) through intramural laboratories and contracts, administers research in genetics, molecular biology, experimental chemotherapy, and drug development, procurement, distribution, and evaluation; (4) advises the Director of the Division and supports the activities of the National Cancer Advisory Board and other scientific advisory committees.

Cancer Therapy and Evaluation Program (8C100B). (1) Plans, directs, coordinates, and evaluates a clinical contract program of cancer therapy evaluation; (2) establishes program priorities, allocates resources, integrates the projects of the various branches, evaluates program effectiveness, and represents program area in management and scientific decision-making meetings within the Institute; (3) through intramural and contract activities, administers

studies in literature research, anti-cancer drugs, therapeutic methods, and maintains liaison with the Food and Drug Administration; (4) advises the Director of the Division and supports the activities of the National Cancer Advisory Board and other scientific advisory committees.

Division of Cancer Cause and Prevention (8C11). (1) Plans and directs a program of laboratory, field, and demographic research on the cause and natural history of cancer and means for preventing cancer through direct in-house research and through research contracts; (2) evaluates mechanisms of cancer induction by viruses and by environmental carcinogenic hazards; (3) serves as the focal point for the Federal Government on the synthesis of clinical, epidemiological, and experimental data relating to the cause of cancer; (4) participates in the evaluation of and advises the Institute Director on program aspects of cancer control activities and of grants and grant applications as they relate to cancer cause and prevention.

Carcinogenesis Program (8C1103). (1) Plans, directs, coordinates, and evaluates a program of basic and applied research on the cancer-causative factors and the prevention of carcinogenesis; (2) establishes program priorities, allocates resources, integrates the projects of the various branches, evaluates program effectiveness, and represents program area in management and scientific decision-making meetings within the Institute; (3) through intramural laboratories and contracts, administers research in carcinogenesis and related toxicology, metabolism, chemistry, immunology, cell biology, experimental tumor pathology, carcinogen bioassays, and information sciences; (4) advises the Director of the Division and supports the activities of the National Cancer Advisory Board and other scientific advisory committees.

Field Studies and Statistics Program (8C1104). (1) Plans, directs, coordinates, and evaluates a program of epidemiologic, statistical, and mathematical research activities and statistical and automatic data processing services for all NCI research programs; (2) establishes program priorities, allocates resources, integrates the projects of various branches, evaluates program effectiveness, and represents program area in management and scientific decision-making meetings within the Institute; (3) through intramural and contract activities, administers research in biometry and epidemiology and the development of mathematical models and statistical methodology; (4) advises the Director of the Division and supports the activities of the National Cancer Advisory Board and other scientific advisory committees.

Viral Oncology Program (8C1105). (1) Plans, directs, coordinates, and evaluates a program of basic and applied research regarding viruses as etiological agents of cancer; (2) establishes program priorities, allocates resources, integrates the projects of the various branches, evaluates program effectiveness, and rep-

resents program area in management and scientific decision-making meetings within the Institute; (3) through intramural laboratories and contracts, administers research in biochemistry, tumors, genetics, pathology, biohazards, immunology, the environment, and viral and cell biology; (4) advises the Director of the Division and supports the activities of the National Cancer Advisory Board and other scientific advisory committees.

Division of Cancer Research Resources and Centers (8C12). (1) Plans and directs the Institute's grant-supported activities including research grants, centers grants, manpower training, and facilities construction; (2) recommends Institute policy relating to the administration of grant programs; (3) develops, reviews, and coordinates plans and criteria for the implementation of grants and evaluates effectiveness of grant-supported activities in achieving the Institute's missions; (4) advises the Institute Director, the National Cancer Advisory Board, and other advisory bodies of grant activities and developments, as they apply to programs supported by contracts and the overall mission of the National Cancer Program.

Biomedical Research Program (8C1209). (1) Plans, directs, coordinates, and evaluates grant-supported activities in multidisciplinary biomedical and clinical research, including research grants, individual and institutional research training awards, and awards for support of scientific meetings, and recommends Institute policies regarding these program grants; (2) establishes program priorities, allocates resources, integrates the projects of the various branches, evaluates program effectiveness, and represents program area in management and scientific decision-making meetings within the Institute; (3) advises the Director of the Division and supports the activities of the National Cancer Advisory Board and other scientific advisory committees.

Cancer Center Program (8C1210). (1) Plans, directs, coordinates, and evaluates the Cancer Center Program the Research Facilities Construction Program, and the Cancer Clinical Education Program; (2) establishes program priorities, allocates resources, integrates the projects of the various branches, evaluates program effectiveness, and represents program area in management and scientific decision-making meetings within the Institute; (3) advises the Director of the Division and supports the activities of the National Cancer Advisory Board and other scientific advisory committees.

Division of Cancer Biology and Diagnosis (8C13). (1) Plans and directs the general laboratory and clinical research activities of the National Cancer Institute; (2) cooperates with other divisions of the Institute in conducting basic research which is supportive of targeted activities of the Institute; (3) serves as the national focal point for programs to improve the detection and diagnosis of human cancers; (4) plans and manages a collaborative program in immunology,

diagnosis, and breast cancer; (5) participates in evaluation of and advises the Institute Director on program related aspects of cancer control activities and of grants and grant applications as they relate to cancer biology and diagnosis.

Clinical Research Program (8C1302). (1) Plans, directs, coordinates, and evaluates a program of basic, applied, and clinical research; (2) establishes program priorities, allocates resources, integrates the projects of the various branches, evaluates program effectiveness, and represents program area in management and scientific decision-making meetings within the Institute; (3) through contracts and intramural laboratory and clinical studies, administers research in immunology, dermatology, metabolism, endocrinology, breast oncology, radiation oncology, pathology, physiology, genetics, biochemistry, cytology, and molecular and general biology; (4) advises the Director of the Division and supports the activities of the National Cancer Advisory Board, and other scientific advisory committees.

Immunology Program (8C1313). (1) Plans, directs, coordinates, and evaluates a program of basic and applied research on tumor immunology and cell biology; (2) establishes program priorities, allocates resources, integrates the projects of the various branches, evaluates program effectiveness, and represents program area in management and scientific decision-making meetings within the Institute; (3) through intramural laboratories, administers research in tumor immunology, immunochemistry, cellular immunology, transplantation immunology, and other aspects of general immunology as applied to the study of the biology, diagnosis and treatment of neoplastic diseases; (4) develops and implements a single research program in tumor immunology for the National Cancer Institute utilizing the contract mechanism; (5) advises the Director of the Division and supports the activities of the National Cancer Advisory Board and other scientific advisory committees.

Collaborative Research Program (8C1316). (1) Plans, directs, coordinates, and evaluates a broad program of basic and applied research and also monitors the professional aspects of research contract management; (2) establishes program priorities, allocates resources, integrates the projects of the various branches, evaluates program effectiveness, and represents program area in management and scientific decision-making meetings within the Institute; (3) through research contracts, administers studies in cancer diagnosis and the diagnosis, therapy, and epidemiology of breast cancer; (4) advises the Director of the Division and supports the activities of the National Cancer Advisory Board and other scientific advisory committees.

Division of Cancer Control and Rehabilitation (8C14). (1) Plans, directs, and coordinates an integrated program of cancer control and rehabilitation ac-

tivities with the goal of identifying, testing, evaluating, demonstrating, communicating, and promoting the widespread application of available and new methods for reducing the incidence, morbidity, and mortality from cancer; (2) serves as the focal point of a coordinated national effort to control cancer, involving all appropriate elements of the Department of Health, Education, and Welfare, other Federal agencies, state and local health departments, voluntary health agencies and other elements of the private health community; (3) in collaboration with the research divisions of the National Cancer Institute, identifies candidate control techniques and methods for inclusion in the field test and demonstration activities of the Division; (4) serves as the focal point of the National Cancer Institute for research in cancer rehabilitation; (5) participates in evaluation of and advises the Institute Director on program related aspects of grants and contracts as they relate to cancer control and rehabilitation.

Intervention Program (8C1412). (1) Plans, directs, coordinates, and evaluates the identification and field testing of new and improved intervention methods and techniques to be used on a wide scale in community settings; (2) establishes program priorities, allocates resources, integrates the projects of the various branches, evaluates program effectiveness, and represents program area in management and scientific decision-making meetings within the Institute; (3) through contracts and grants, administers a broad program in cancer control intervention including prevention, detection, diagnosis, pretreatment evaluation, treatment, rehabilitation, and continuing care; (4) advises the Director of the Division and the Director of the Institute; supports the activities of the National Cancer Advisory Board and other advisory committees.

Community Program (8C1413). (1) Plans, directs, coordinates, and evaluates the demonstration and promotion of approved intervention techniques and methods in community settings; (2) establishes program priorities, allocates resources, integrates projects relative to intervention at the community level, evaluates program effectiveness, and represents the program area in management and scientific decision-making meetings within the Institute; (3) through contracts and grants, administers a broad program in cancer control intervention in community settings including prevention, detection, diagnosis, pretreatment evaluation, treatment, rehabilitation, and continuing care; (4) advises the Director of the Division and the Director of the Institute; supports the activities of the National Cancer Advisory Board and other scientific advisory committees.

National Heart and Lung Institute (8G). (1) Provides leadership for a national program in diseases of the heart, blood vessels, blood, and lungs; (2) plans, conducts, fosters, and supports an integrated and coordinated program of research, investigations, clinical trials, and

demonstration relating to the causes, prevention, methods of diagnosis, and treatment (including emergency medical treatment) of the heart, blood vessel, lung, and blood diseases through: research performed in its own laboratories and through contracts and research grants to scientific institutions and to individuals; (3) plans and directs research in the development, trial, and evaluation of drugs and devices relating to the prevention and treatment of, and the rehabilitation of patients suffering from, such diseases; (4) conducts studies and research into the clinical use of blood and all aspects of the management of its resources; (5) supports training of manpower in fundamental sciences and clinical disciplines for participation in basic and clinical research programs relating to heart, blood vessel, blood, and lung diseases by individual and institutional research training awards; (6) coordinates with the other research institutes and with all Federal health programs relevant activities in the above diseases, including the related causes of stroke; (7) conducts educational activities, including the collection and dissemination of educational materials on these diseases, with emphasis on the prevention thereof, for health professionals and the lay public; (8) maintains continuing relationships with institutions and professional associations and with international, national, state, and local officials, and voluntary agencies and organizations working in these areas.

Office of the Director (8G01). (1) Develops and provides leadership for the national heart, blood vessel, blood, and lung program, including the coordination of all Federal health programs relating to the above diseases as authorized; (2) provides overall planning, direction, coordination, and evaluation of the Institute's programs; (3) collects, develops, and disseminates information on the above diseases, with emphasis upon factors in their prevention, and conducts and fosters related educational programs for scientists and clinicians; (4) provides overall management and administrative services for the Institute; (5) establishes internal Institute policies for program and administrative operations and maintains surveillance over their execution.

Office of Program Planning and Evaluation (8G03). (1) Advises the Director on program plans and policies; (2) assists in the establishment of Institute goals and in the development of programs to meet these objectives; (3) performs analysis and evaluation of data on cardiovascular, respiratory, and blood diseases and on blood resources for use in program planning and development; (4) coordinates the presentation of the Institute's varied activities in plans and reports to higher echelons.

Office of Administrative Management (8G04). (1) Advises and assists the Director on administrative matters; (2) plans and directs management functions of the Institute and provides leadership and coordination of Institute management activities; (3) participates in pro-

gram and legislative review, interpretation, analysis, and implementation to insure compliance with laws, regulations, and DHEW and PHS management policies, procedures, and goals; (4) provides coordination and selected supporting and staff services in fiscal management, personnel management, management analysis, and administrative services.

Office of Prevention, Control, and Education (8G05). (1) Plans, coordinates, and develops Institute policies and programs in the areas of information and education relating to cardiovascular, respiratory, and blood diseases and blood resources, and coordinates associated activities in the Divisions; (2) develops educational and informational materials for both the general public and the medical community as appropriate for professional use in the prevention, diagnosis, and treatment of these diseases and for general public education and information; (3) designs, develops, and operates or coordinates programs which facilitate or implement the transfer of knowledge gained through research and development into clinical practice through educational means, demonstrations, and other means; (4) administers a clearing house for scientific and technical information on cardiovascular, respiratory, and blood diseases and blood resources.

Division of Heart and Vascular Diseases (8G15). (1) Plans and directs the Institute's research grant, contract, and training programs in heart and vascular diseases, encompassing basic research, targeted research, clinical trials and demonstrations, national cardiovascular centers, technological development, and application of research findings; (2) maintains surveillance over developments in its program area and assesses the national need for research in the causes, prevention, diagnosis, and treatment of cardiovascular diseases, in technological development, in the application of research findings, and for manpower training in these areas; (3) maintains the necessary scientific management capability to foster and guide an effective attack upon cardiovascular diseases.

Etiology of Arteriosclerosis and Hypertension Program (8G1510). (1) Plans and directs a program of grant and contract support for research on the etiology of arteriosclerosis and hypertension to insure maximum utilization of available resources in attainment of Institute objectives; (2) assesses need for research in program areas; (3) recommends priorities and funding levels for programs to be recommended to the advisory council for support by grants; (4) determines priorities and allocates funds for research to be supported by contract; (5) collaborates with intramural programs in the Institute and NIH-wide and maintains an awareness of national research efforts in program areas; (6) prepares reports and analyses to assist Institute staff and advisory groups in carrying out their responsibilities; (7) consults with voluntary health organizations and with professional associations in identifying

research needs and developing programs to meet them.

Cardiology Program (8G1512). (1) Plans and directs a program of grant and contract support for research in cardiology, in its clinical and fundamental aspects, and in the relevant technological and bioengineering devices areas, to insure maximum utilization of available resources in attainment of Institute objectives; (2) assesses need for research in program areas; (3) recommends priorities and funding levels for programs to be recommended to the advisory council for support by grants; (4) determines priorities and allocates funds for research to be supported by contract; (5) collaborates with intramural program in the Institute and NIH-wide and maintains an awareness of national research efforts in program area; (6) prepares reports and analyses to assist Institute staff and advisory groups in carrying out their responsibilities; (7) consults with voluntary health organizations and with professional associations in identifying research needs and developing programs to meet them.

Clinical Applications and Prevention Program (8G1513). (1) Plans and directs programs of basic and applied research and grant and contract support for research in biometrics, epidemiology, clinical trials, and preventive cardiology to insure maximum utilization of available resources in attainment of Institute objectives; (2) assesses need for research in these program areas; (3) recommends priorities and funding levels for programs to be recommended to the advisory council for support by grants; (4) determines priorities and allocates funds for research to be supported by contract; (5) collaborates with intramural program in the Institute and NIH-wide and maintains an awareness of national research efforts in program areas; (6) prepares reports and analyses to assist Institute staff and advisory groups in carrying out their responsibilities; (7) consults with voluntary health organizations and with professional associations in identifying research needs and developing programs to meet them.

Division of Lung Diseases (8G16). (1) Plans and directs the Institute's research grant, contract, and training programs in lung diseases, encompassing basic research, targeted research, clinical trials and demonstrations, national pulmonary centers, technological development, and application of research findings; (2) maintains surveillance over developments in program area and assesses the national need for research in the causes, prevention, diagnosis, and treatment of lung diseases, in technological development, in the application of research findings, and for manpower training in these areas; (3) maintains the necessary scientific management capability to foster and guide an effective attack upon lung diseases.

Division of Blood Diseases and Resources (8G17). (1) Plans and directs the Institute's research grant, contract, and training programs in blood diseases and

resources, encompassing basic research, targeted research, and clinical trials and demonstrations; (2) maintains surveillance over developments in this program area; (3) conducts research and demonstrations to improve the national systems of blood procurement, management, and distribution; (4) coordinates Federal sickle cell disease activities, and operates a national clearinghouse for information on sickle cell disease; (5) maintains the necessary scientific management capability to foster and guide an effective attack upon blood diseases and to improve use of blood and blood products.

Division of Extramural Affairs (8G19). (1) Advises the Director on research contract, grant, and training program policy; (2) represents the Institute on overall NIH extramural and collaborative program policy committees, coordinates such policy within the Institute and coordinates the Institute's research grant and training programs with the National Heart and Lung Advisory Council; (3) provides the Institute's program divisions with grant and contract management and processing services; (4) provides reports and statistics related to the Institute's grant and contract programs; (5) provides initial scientific merit review of project grants and research contracts for the Institute.

Division of Intramural Research (8G20). (1) Plans and directs a program of general laboratory and clinical research in heart, blood vessel, lung, and kidney diseases; certain blood diseases such as sickle cell anemia, hemophilia, hepatitis; and development of technology related to cardiovascular and pulmonary diseases; (2) maintains communication with other programs of the Institute to facilitate early practical application of basic research findings. Areas of major interest are: the biology of experimental and clinical arteriosclerosis and its manifestations; the pathophysiology of hypertensive vascular disease; functions of the lung; clinical and experimental studies on physiological and pharmacological aspects of heart, blood, and lung diseases, and a broad program of other basic research and technical developments related to them.

National Library of Medicine (8Z). (1) Assists the advancement of medical and related sciences through the collection, dissemination, and exchange of information important to the progress of medicine and health; (2) serves as a national medical information resource for medical education, research, and service activities of Federal and private agencies, organizations, institutions, and individuals; (3) publishes and distributes guides to medical literature and audiovisual materials in the form of catalogs, indexes, and bibliographies; (4) develops, produces, and disseminates audiovisual materials and systems and other aids to medical education, research, and practice; (5) supports the translation and publication of biomedical literature; (6) provides support for medical library development and for training of biomedical

librarians and other health information specialists; (7) conducts and supports research in techniques and methods for recording, storing, retrieving, and communicating health information; (8) provides technical consultation services and research assistance.

Office of the Director (8Z01). (1) Directs and coordinates library activities; (2) advises the Director, NIH, on policy relating to the management and control of biomedical communication media; (3) studies, identifies, and defines needs in biomedical communications; (4) provides the secretariat for the Board of Regents of the National Library of Medicine.

Office of Administration (8Z02). (1) Plans and directs administrative management functions of the Library including financial management, personnel management, contracts management, administrative services, program analysis, and legislation; (2) advises the Director and the Divisions on developments in administrative management and their implications and effects on program management; (3) coordinates administrative management activities of the Divisions of the Library.

Office of Computer and Communications Systems (8Z03). (1) Performs systems analysis in collaboration with user organizations to determine requirements for data processing support, and performs systems analysis and computer programming for the implementation of data processing systems; (2) guides the development of new systems developed under contract for the National Library of Medicine; (3) coordinates the planning for the provision of on-line information services from the NLM; (4) conducts information system analyses of ongoing programs of the NLM to identify areas requiring improvement; (5) as appropriate, coordinates the digital network planning and operations of the National Library of Medicine; (6) advises the Director on EDP and digital communications activities; (7) provides data processing technical interface with Medical Literature Analysis and Retrieval System (MEDLARS) Centers; (8) maintains operating systems; (9) operates and maintains digital computer phototypesetting and related data processing storage retrieval and transmission equipment; (10) establishes production schedules and performs production control for NLM machine based production; (11) produces magnetic tape for distribution to MEDLARS Search Centers and other authorized users in the United States and abroad.

Lister Hill National Center for Biomedical Communications (8Z10). (1) Designs, develops, implements, and manages a Biomedical Communications Network; (2) assists the biomedical community in identifying and developing products and services for dissemination through the network; (3) develops network and information systems to improve health education, medical research, and the delivery of health services; (4) applies

technology to the improvement of biomedical communications; (5) in coordination with the Department and PHS, represents DHEW in Federal activities related to biomedical communications activities; (6) in coordination with the Department and PHS, serves as the focal point in the Department for development and coordination of biomedical communications, systems, and network projects.

Division of Extramural Programs (8Z11). (1) Administers programs to augment and strengthen the health sciences libraries of the nation and to improve biomedical communications through grants to, or contracts with, non-Federal and private institutions; (2) analyzes and evaluates extramural programs in relation to program objectives and national needs to achieve balanced and effective support; (3) provides grants management, grants processing, and administrative management services.

Division of Library Operations (8Z12). (1) Selects, acquires, catalogs, and preserves biomedical publications; (2) indexes and provides access to the material through manual and machine produced bibliographies; (3) furnishes reference and loan services; (4) prepares and publishes indexes, catalogs, and other publications for the use of the biomedical community; (5) manages the Library component of the Biomedical Communications Network.

Division of Specialized Information Services (8Z13). (1) Coordinates the development and operation of specialized information services throughout the NLM; (2) plans, develops, and operates a national toxicological information system; (3) develops and administers a program to organize and analyze published information on the effects of drugs and chemicals on man, and prepares special bibliographies and reports on that subject.

National Medical Audiovisual Center (8Z14). Plans and administers a national program to improve the quality and the use of biomedical audiovisual materials in schools of the health professions and throughout the biomedical community through: (1) The acquisition and distribution of films and other audiovisual resource materials; (2) audiovisual reference and research services; (3) consultation and assistance in the development and use of audiovisual materials and systems; (4) audiovisual research, training, experimental production, and other activities in the development of media to support medical education; (5) encouragement of the production, dissemination, and use of audiovisual materials.

National Eye Institute (8E). Conducts, fosters, and supports research on the causes, natural history, prevention, diagnosis, and treatment of disorders of the eye and visual system, and in related fields (including rehabilitation) through: (1) Research performed in its own laboratories and through contracts; (2) a program of research grants and

individual and institutional research training awards; (3) cooperation and collaboration with voluntary organizations and other institutions engaged in research and training in the special health problems of the blind; (4) collection and dissemination of information on research and findings in these areas.

Intramural Research Program (8E10). (1) Plans and conducts the Institute's laboratory and clinical research program, which encompasses five major disease areas: retinal and choroidal diseases, corneal diseases, cataract, glaucoma, and sensory and motor disorders of vision, to insure maximum utilization of available resources in the attainment of Institute objectives; (2) evaluates research efforts and establishes program priorities; (3) allocates funds, space, and personnel ceilings and integrates ongoing and new research activities into the program structure; (4) collaborates with other Institute and NIH programs and maintains an awareness of national research efforts in program areas; (5) provides advice to Institute Director and staff on matters of scientific interest.

Extramural and Collaborative Program (8E10). (1) Plans and directs a program of grant and contract support for research and research training in five major disease areas: retinal and choroidal diseases, corneal diseases, cataract, glaucoma, and sensory and motor disorders of vision to insure maximum utilization of available resources in attainment of Institute objectives; (2) assesses need for research and research training in program areas; (3) determines program priorities and recommends funding levels for programs to be supported by grants; (4) determines priorities and allocates funds for research to be supported by contract; (5) collaborates with intramural program in the Institute and NIH-wide and maintains an awareness of national research efforts in program area; (6) prepares reports and analyses to assist Institute staff and advisory groups in carrying out their responsibilities; (7) consults with voluntary health organizations and with professional associations in identifying research needs and developing programs to meet them.

National Institute of Allergy and Infectious Diseases (8J). Conducts, fosters, and supports research and research training programs directed at finding the causes of and improved methods for diagnosing, treating, and preventing immunologic and infectious diseases through: (1) Research performed in its own laboratories; (2) research grants to scientific institutions and individuals; (3) individual and institutional research training awards; (4) a contract program aimed at the adaption and application of laboratory findings to the development of specific disease control measures and solutions to infectious and immunological disease problems; (5) collection and dissemination of research findings and related information.

Intramural Research Program (8J10). (1) Plans and conducts the Institute's laboratory and clinical research program, which encompasses allergic, immunologic, and infectious diseases, to insure maximum utilization of available resources in the attainment of Institute objectives; (2) evaluates research efforts and establishes program priorities; (3) allocates funds, space, and personnel ceilings and integrates ongoing and new research activities into the program structure; (4) collaborates with other Institute and NIH programs and maintains an awareness of national research efforts in program areas; (5) advises Director and staff on the intramural research and areas of science of interest to the Institute.

Extramural Program (8J12). (1) Plans and directs the Institute's grant program, which supports research and research training in allergic, immunologic, and infectious diseases, to assure maximum utilization of available resources in attainment of Institute objectives; (2) assesses need for research and research training in program areas; (3) determines program priorities and recommends funding levels for programs to be supported by grants; (4) collaborates with Institute and NIH intramural and collaborative activities and maintains awareness of national research efforts in program area; (5) prepares reports and analyses to assist Institute staff and advisory groups in carrying out their responsibilities; (6) consults with voluntary health organizations and with professional associations in identifying research needs and developing programs to meet them.

Collaborative Program (8J13). (1) Plans and directs the Institute's research contract program in support of research on allergic, immunologic, and infectious diseases to assure maximum utilization of available resources in the attainment of Institute objectives; (2) assesses need for research in program areas; (3) determines priorities and allocates funds for research to be supported by contract; (4) collaborates with Institute and NIH intramural and extramural activities and maintains awareness of national research efforts in program area; (5) prepares reports and analyses to assist Institute staff and advisory groups in carrying out their responsibilities; (6) disseminates information on the Institute's programs and interests through announcements, workshops, and notices in appropriate publications; (7) consults with voluntary health organizations and with professional associations in identifying research needs and developing programs to meet them.

National Institute of Arthritis, Metabolism, and Digestive Diseases (8L). Conducts, fosters, and supports basic and clinical research into the causes, prevention, diagnosis, and treatment of the various arthritic, metabolic, and digestive diseases, and covers the broad areas of arthritis, bone, and skin diseases; diabetes, blood, endocrine, and metabolic diseases; digestive diseases

and nutrition; and kidney and urologic diseases (joined with the Artificial Kidney/Chronic Uremia Program) through: (1) Research performed in its own laboratories and clinics; (2) research grants; (3) individual and institutional research training awards; (4) applied research and development programs through the contract mechanism; (5) field epidemiologic and clinical investigation studies on selected populations in the U.S.; (6) collection and dissemination of information on Institute programs.

Intramural Research Program (8L11). (1) Plans and conducts the Institute's laboratory and clinical research program, which encompasses the various arthritic, rheumatic and collagen diseases, the broad spectrum of metabolic diseases such as diabetes, other inborn errors of metabolism, digestive diseases, orthopedics, dermatology, hematology, nutrition, endocrine disorders, urology and renal disease, mineral metabolism, and subjects related to the above to insure maximum utilization of available resources in attainment of Institute objectives; (2) conducts basic research in biochemistry, nutrition, pathology, histochemistry, chemistry, physical, chemical, and molecular biology, pharmacology, and toxicology; (3) evaluates research efforts and establishes program priorities; (4) allocates funds, space, and personnel ceilings and integrates new research activities into the program structure; (5) collaborates with other Institute and NIH programs and maintains an awareness of national research efforts in program areas; and (6) advises Director and staff on intramural research program and areas of science of interest to Institute.

Digestive Diseases and Nutrition Program (8L12). (1) Plans and directs a program of grants, contracts, and individual and institutional research training awards for digestive diseases and nutrition to insure maximum utilization of available resources to attain program objectives; (2) determines program priorities and recommends funding levels within program area; (3) prepares analyses of national research efforts to assist advisory groups in recommending new and/or continuing program emphases; (4) maintains surveillance over developments in designated categorical areas and assesses need for research into causes, diagnosis, prevention, and treatment of digestive diseases and nutrition and for training related thereto; (5) develops and manages an information system, covering research developments and identifying areas where additional research and training efforts are required, for research scientists and other interested groups; (6) consults with voluntary and professional health organizations in identifying and meeting research needs in digestive diseases and nutrition.

Kidney, Urologic, and Blood Diseases Program (8L13). (1) Plans and directs a program of research grants, contracts, and individual and institutional research training awards for kidney, urologic, and

blood diseases to insure maximum utilization of available resources to attain program objectives; (2) determines program priorities and recommends funding levels within program area; (3) prepares analyses of national research efforts to assist advisory groups in recommending new and/or continuing program emphases; (4) maintains surveillance over developments in designated categorical areas and assesses need for research into the causes, diagnosis, prevention, and treatment of kidney, urologic, and blood diseases and for training related thereto; (5) develops and manages an information system, covering research developments and identifying areas where additional research and training efforts are required, for research scientists and other interested groups; (6) consults with voluntary and professional health organizations in identifying and meeting research needs in kidney, urologic, and blood diseases.

Arthritis, Bone, and Skin Diseases Program (8L14). (1) Plans and directs a program of research grants, contracts, and individual and institutional research training awards for arthritis, bone, and skin diseases to insure maximum utilization of available resources to attain program objectives; (2) determines program priorities and recommends funding levels within program area; (3) prepares analyses of national research efforts to assist advisory groups in recommending new and/or continuing program emphases; (4) maintains surveillance over developments in designated categorical areas and assesses need for research into the causes, diagnosis, prevention, and treatment of arthritis, bone, and skin diseases and for training related thereto; (5) develops and manages an information system, covering research developments and identifying areas where additional research and training efforts are required, for research scientists and other interested groups; (6) consults with voluntary and professional health organizations in identifying and meeting research needs in arthritis, bone, and skin diseases.

Diabetes, Endocrine, and Metabolic Diseases Program (8L15). (1) Plans and directs a program of research grants, contracts, and individual and institutional research training awards for diabetes, endocrine, and metabolic diseases to insure maximum utilization of available resources to attain program objectives; (2) determines program priorities and recommends funding levels within program area; (3) prepares analyses of national research efforts to assist advisory groups in recommending new and/or continuing program emphases; (4) maintains surveillance over developments in designated categorical areas and assesses need for research into the causes, diagnosis, prevention, and treatment of diabetes, endocrine, and metabolic diseases and for training related thereto; (5) develops and manages an information system, covering research developments and identifying areas where additional research and training

efforts are required, for research scientists and other interested groups; (6) consults with voluntary and professional health organizations in identifying and meeting research needs in diabetes, endocrine, and metabolic diseases.

Extramural Activities Program (8L16). (1) Advises the Director on the Institute's extramural program, identifies areas where further efforts are needed and recommends funding levels for the four categorical programs; (2) coordinates program planning in the extramural area and assesses progress toward objectives within the broad field represented by the categorical disease programs; (3) keeps budget, personnel ceilings, and other matters of mutual concern to the extramural program area; (4) provides operational and technical support activities in program analysis, administrative services, and grants management.

National Institute on Aging (8M). Conducts, fosters, and supports biomedical, social, and behavioral research and training pertaining to the aging process and related health fields through: (1) research performed in its own laboratories and through contracts; (2) a program of research grants and individual and institutional research training awards; (3) cooperation and collaboration with other Departmental agencies, voluntary organizations, and other institutions; (4) collection and dissemination of the findings of aging research and studies and other information about the process of aging.

Gerontology Research Center (8M10). (1) Plans and conducts the Institute's laboratory and clinical research program, which encompasses research designed to obtain fundamental knowledge of the nature of the aging process, to insure maximum utilization of available resources in the attainment of Institute objectives; (2) evaluates research efforts and establishes program priorities; (3) allocates funds, space, and personnel ceilings and integrates new research activities into the program structure; (4) collaborates with other Institute and NIH programs and maintains an awareness of national research efforts in program areas; (5) advises Institute Director and staff on intramural research programs and matters of scientific interest; (6) serves as a center for national and regional research by Federal or non-Federal investigators working on problems of the aging.

Extramural and Collaborative Program (8M12). (1) Plans and directs a program of grant and contract support for research and research training in the biological, behavioral, and social processes as they bear on adult development and aging to insure maximum utilization of available resources in attainment of Institute objectives; (2) assesses need for research and research training in program areas; (3) determines program priorities and recommends funding levels for programs to be supported by grants; (4) determines priorities and allocates funds for research to be supported by contract; (5) collaborates with Intramural program in the Institute and NIH-

wide and maintains an awareness of national research efforts in program area; (6) prepares reports and analyses to assist Institute staff and advisory groups in carrying out their responsibilities; (7) consults with voluntary health organizations and with professional associations in identifying research needs and developing programs to meet them.

National Institute of Child Health and Human Development (8N). (1) Conducts, fosters, and supports biomedical and behavioral research through research grants, research contracts, and research performed in its own laboratories on: child health, maternal health, problems of human development with special reference to mental retardation; and on family structure, the dynamics of human population, and the reproductive process; (2) promotes the application of research findings to clinical practice; (3) initiates and cooperates in government-wide efforts on unique problems that emerge affecting the health of children and their families; (4) provides consultation to Federal agencies and non-Federal groups in the development of programs to improve the health of children and their families; (5) coordinates and integrates research efforts with service-oriented health agencies and the Office of Child Development; (6) disseminates information related to research findings to practitioners and the general public for improving the health of children and their families.

Center for Population Research (8N11). (1) Serves as the cognizant agency for population research and research training activities throughout the Federal government and provides a central source of information, referral, and consultation for all agencies with population related research in the biomedical, social, and behavioral sciences; (2) establishes program priorities and allocates program resources for population research; (3) plans and directs a collaborative (contract) research program in contraceptive development, the medical effects of contraception, the social, psychological, and demographic aspects of population change, and infertility; (4) plans and directs extramural (grant) programs in population related research and research training in the biomedical, social, and behavioral sciences; (5) maintains close liaison with intramural units having population research programs to stimulate and coordinate improved and expanded activities in population research and to recommend to the Institute Director new directions and approaches for these units in order to enhance research in this field; (6) coordinates population studies supported by the special foreign currency (P.L. 480) program.

Center for Research for Mothers and Children (8N16). (1) Serves as the cognizant agency for research, throughout the Federal government, on the special health problems of mothers and children; (2) establishes program priorities and allocates program resources in support of research and research training activities

in this field; (3) provides a central source of information, referral, and consultation for all agencies with programs of research related to mothers and children in the biomedical, social, and behavioral sciences; (4) directs biomedical, social, and behavioral sciences extramural (grant) and collaborative (contract) research, and a program of individual and institutional research training awards in pregnancy and perinatal biology, infancy, disabilities in human development, and mental retardation; (5) maintains liaison with intramural units having similar research programs to stimulate and coordinate improved and expanded activities in research for mothers and children, and recommends to the Institute Director new directions and approaches for these units in order to enhance research in this field.

Intramural Research Program (8N13). (1) Plans and conducts the Institute's laboratory and clinical research programs which encompass the biomedical and behavioral aspects of human development relating to reproductive biology, population, maternal health, and child health; (2) insures maximum utilization of available resources in the attainment of Institute objectives; (3) evaluates research efforts and establishes program priorities; (4) allocates funds, space, and personnel ceilings and integrates ongoing and new research activities into the program structure; (5) provides advice to Institute Director and staff on matters of scientific interest.

Epidemiology and Biometry Research Program (8N14). (1) Plans and directs an epidemiology and biometry research program on human development relating to reproduction, population, maternal health, and child health; (2) assesses the need for such research; (3) establishes program priorities; selects epidemiologic and biometric studies to be done in-house and those to be conducted by contracts; (4) insures the maximum utilization of available resources in the attainment of Institute objectives; (5) collaborates with the Institute's intramural and extramural program staff in the management of statistical and epidemiological phases of research projects.

National Institute of Dental Research (8P). Conducts, fosters, and supports research and research training in the causes, diagnosis, prevention, and cure of oral diseases and disorders through: (1) Laboratory, clinical, and field research; (2) grants for research projects and dental research institutes and individual and institutional research training awards; (3) collaborative and developmental research programs aimed at specific dental problems where major advance seems clearly possible; (4) collection and dissemination of research findings and related information.

Extramural Program (8P11). (1) Plans and directs the Institute's programs which support research and research training through grants and contracts in periodontal and soft tissues diseases, craniofacial anomalies, pain control and

behavioral studies to insure maximum utilization of available resources in attainment of Institute objectives; (2) assesses need for research and research training in program areas; (3) determines program priorities and recommends funding levels; (4) collaborates with Institute and NIH intramural and collaborative activities and maintains awareness of national research efforts in program areas; (5) prepares reports and analyses to assist Institute staff and advisory groups in carrying out their responsibilities; (6) establishes and maintains effective relationships with dental schools, professional dental organizations, and other institutions concerned with extramural programs; (7) consults with voluntary health organizations and professional associations in identifying research needs and developing programs to meet them.

Intramural Research Program (8P12). (1) Plans and conducts the Institute's laboratory and clinical research program, which encompasses research efforts in caries, periodontal and soft tissues diseases, developmental biology, pain control and behavioral studies to insure maximum utilization of available resources in the attainment of Institute objectives; (2) evaluates research efforts and establishes program priorities; (3) allocates funds, space, and personnel ceilings and integrates new research activities into the program structure; (4) collaborates with other Institute and NIH programs and maintains an awareness of national research efforts in program areas; (5) provides advice on intramural research and science in general to the Institute Director.

National Caries Program (8P13). (1) Plans and directs the Institute's applied research and development activities directed toward the prevention of dental caries; assures maximum utilization of available resources to attain Institute objectives in this area; (2) determines program priorities and allocates funds for epidemiological and biometrical research, field trials, demonstrations, and related laboratory and clinical research; recommends funding levels for programs to be supported by grants; (3) collaborates with intramural, extramural and collaborative staffs to insure consistency of research efforts with Institute policies and goals; (4) maintains an awareness of national programs in area of prevention of dental caries and works toward application of research findings in dental public health and practice and in dental school curricula; (5) prepares analyses and reports to assist Institute staff and advisory groups in carrying out their responsibilities; (6) consults with voluntary health organizations and professional associations in identifying research needs and developing programs to meet them.

National Institute of Environmental Health Sciences (8Q). Conducts, fosters, and coordinates (in its own laboratories and through contracts, grants, and support of Environmental Health Sciences

Centers) research and research training on the biological effects of chemical, physical, and biological substances in the environment to: (1) develop understanding of the mechanism of action of such substances; (2) provide the scientific basis for evaluating their extent and severity on a national scale; (3) define and develop methods for diagnosis and treatment of environmentally induced illnesses; (4) collect and disseminate information in furtherance of program.

Extramural Program (8Q12). (1) Plans, directs, and evaluates the Institute's grant program which supports research and research training in environmental health; (2) develops program priorities and recommends funding levels to assure maximum utilization of available resources in attainment of Institute objectives; (3) through cooperative relationships within the NIH and with public and private institutions and organizations, maintains an awareness of national research efforts and assesses the need for research and research training in environmental health; (4) prepares reports for, and provides advice to the Institute Director, staff, and advisory groups to assist them in carrying out their responsibilities; (5) represents the Institute Director in the development and implementation of grant policy.

National Institute of General Medical Sciences (8R). Administers, fosters, and supports research in the basic medical and biological sciences and the clinical and related natural or behavioral sciences which have significance for two or more other Institutes, are outside the general area of responsibility of any other institute, and will benefit by administration from a single point. Programs are carried out through: (1) Grants to scientific institutions and to individuals for biomedical research including broad multidisciplinary research programs and studies; (2) individual and institutional research training awards; (3) applied research and development utilizing the contract mechanism.

National Institute of Neurological and Communicative Disorders and Stroke (8S). Conducts, fosters, and supports research and research training on the causes, prevention, diagnosis, and treatment of neurological, sensory, communicative, and muscle disorders through: (1) Intramural, collaborative, and field research in its own laboratories, branches, and clinics and through contracts; (2) research grants to scientific institutions and to individuals; (3) individual and institutional research training awards to increase trained professional research manpower in neurological and communicative fields; and (4) cooperation with various agencies in collecting and disseminating educational and informational material related to neurological and communicative disorders.

Intramural Research Program (8S11). (1) Plans and conducts the Institute's laboratory and clinical research program, which encompasses neurological and communicative disorders and stroke, to insure maximum utilization of avail-

able resources in the attainment of Institute objectives; (2) evaluates research efforts and establishes program priorities; (3) allocates funds, space, and personnel ceilings and integrates new research activities into the program structure; (4) collaborates with other Institute and NIH programs and maintains an awareness of national research efforts in program areas; (5) provides advice to Institute Director and staff on intramural program and areas of science of interest to the Institute.

Fundamental Neurosciences Program (8S13). (1) Plans and directs a program of research grants, contracts, and individual and institutional research training awards, for fundamental neurosciences to insure maximum utilization of available resources to attain program objectives; (2) determines program priorities and recommends funding levels within program area; (3) prepares analyses of national research efforts and assists advisory groups in recommending new and/or continuing program emphases; (4) maintains surveillance over developments in designated areas and assesses need for research into the pertinent areas and for training related hereto; (5) develops and manages information systems, covering research developments and identifying areas where additional research efforts are required, for research scientists and other interested groups; (6) consults with outside scientific and professional organizations in identifying and meeting research requirements in fundamental neurosciences.

Communicative Disorders Program (8S14). (1) Plans and directs a program of grant and contract support for research and research training on communicative disorders to insure maximum utilization of available resources in attainment of Institute objectives; (2) assesses need for research and research training in program areas; (3) determines program priorities and recommends funding levels for programs to be supported by grants; (4) determines priorities and funding levels for research to be supported by contracts; (5) collaborates with intramural program in the Institute and NIH-wide and maintains an awareness of national research efforts in program area; (6) prepares reports and analyses to assist Institute staff and advisory groups in carrying out their responsibilities; (7) consults with voluntary health organizations and with professional associations in identifying research needs and developing programs to meet them.

Neurological Disorders Program (8S15). (1) Plans and directs a program of grant and contract support for research and research training on neurological disorders to insure maximum utilization of available resources in attainment of Institute objectives; (2) assesses need for research and research training in program areas; (3) determines program priorities and recommends funding levels for programs to be supported by grants; (4) determines pri-

orities and funding levels for research to be supported by contracts; (5) collaborates with intramural program in the Institute and NIH-wide and maintains an awareness of national research efforts in program area; (6) prepares reports and analyses to assist Institute staff and advisory groups in carrying out their responsibilities; (7) consults with voluntary health organizations and with professional associations in identifying research needs and developing programs to meet them.

Stroke and Trauma Program (8S16). (1) Plans and directs a program of grant and contract support for research and research training on stroke and trauma to insure maximum utilization of available resources in attainment of Institute objectives; (2) assesses need for research and research training in program areas; (3) determines program priorities and recommends funding levels for programs to be supported by grants; (4) determines priorities and funding levels for research to be supported by contracts; (5) collaborates with intramural program in the Institute and NIH-wide and maintains an awareness of national research efforts in program area; (6) prepares reports and analyses to assist Institute staff and advisory groups in carrying out their responsibilities; (7) consults with voluntary health organizations and with professional associations in identifying research needs and developing programs to meet them.

Extramural Activities Program (8S17). (1) Advises the Director on the Institute's extramural programs; (2) represents the Institute Director as required in extramural relationships; (3) coordinates program planning in the extramural area; (4) coordinates recommendations for funding levels for the categorical programs; (5) provides technical support activities, including technical merit review of grant and contract applications and proposals, and grants and contract management services; (6) has operational responsibility for the extramural data system.

Clinical Center (8T). (1) Provides patient facilities and services, other than physician care, for clinical investigations in the Clinical Center; (2) conducts research in clinical care, hospital administration, and related areas; (3) supervises residency and other training programs.

John E. Fogarty International Center for Advanced Study in the Health Sciences (8U). (1) Provides the facility for the assembly of scientists and leaders in the biomedical, behavioral, and related fields for discussion, study, and research in the health sciences at an international level; (2) conceives, designs, develops, and conducts studies on current and emerging health problems; (3) awards scholarships to outstanding individuals for the purpose of encouraging creative, speculative thought and contributions to advanced study; (4) awards fellowships for training in the United States and abroad; promotes international exchange of individuals for teaching, research, and study in the health related sciences; and

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provides programming services for health professional training for international organizations; (5) collects, translates, publishes, and disseminates information concerning health related activities outside the United States; (6) furthers international cooperation and collaboration in the life sciences through its research programs, conferences, seminars, and publications; (7) provides research grants to individuals and scientific institutions; (8) coordinates NIH activities and functions concerned generally with the health sciences at an international level; (9) administers the NIH Special Foreign Currency Program; (10) provides central point for receiving, assisting, and/or programming foreign visitors to the National Institutes of Health and provides administrative support to the NIH visiting program.

Division of Research Grants (8D). (1) Provides staff support to the Office of the Director, NIH, in the formulation of grant and award policies and procedures; (2) provides central receipt of all PHS applications for research and research training support and makes initial referral to PHS components; (3) assigns NIH applications to supporting bureaus, institutes, and divisions and to DRG initial review groups; (4) provides for scientific review of NIH research grants, National Research Service Awards, and research career development applications; (5) collects, stores, retrieves, analyzes, and evaluates management and program data needed in the administration of extramural programs; (6) reviews and analyzes the character and direction of research and training supported through NIH grants and the resources involved in providing such support; (7) administers the Grants Associates Program.

Division of Research Services (8H). (1) Plans and conducts a centralized program of scientific, engineering, and technical services in support of NIH activities; (2) collaborates with research scientists in providing support during the research planning stage, in carrying out the research project, and in the presentation of findings; (3) furnishes services and specialized assistance in the following areas: (a) biomedical engineering and instrumentation design and development; (b) research animal production, care, procurement, and animal disease identification and control; (c) centralized glassware, tissue culture, and media preparation and issuance; (d) biomedical library and translation services; (e) environmental health and safety; (f) medical arts and photography.

Division of Computer Research and Technology (8W). Plans and conducts an integrated computer research and service program in support of the NIH mission. In fulfilling this responsibility, the Division: (1) Provides professional programming and computational and automatic data processing capability to meet NIH program needs; (2) conducts theoretical and applied research in

mathematical statistics, mathematics, and other (physical and life) sciences; (3) provides resources for research, development, and consultation for the design and implementation of project-supporting computer systems; (4) provides scientific and administrative direction in the formulation of NIH-wide policies, standards, methods, and procedures on computation and automatic data processing activities; (5) participates in the analysis of requirements, design, and development of automatic data processing systems to make effective use of advanced techniques and equipment.

Division of Research Resources (8X).

(1) Serves as the focal point within the National Institutes of Health for the development and support of multicategorical research resources needed on an institutional, regional, or national basis for health related research; (2) collaborates with the categorical Institutes in the identification of research resources needs, required by ongoing activities, and planned new directions relating to the overall NIH mission; (3) through research grants, individual and institutional research training awards, and research and development contracts to institutions involved in biomedical research, assures the availability of adequate tools, the necessary environment, and stability of funding for multicategorical research resources which provide support for the NIH's research mission. These awards provide: (a) support for specialized resources for multidisciplinary research programs of institutions conducting health related research; (b) general support for research and research training programs at universities and other institutions.

Sec. 8.C Order of succession. During the absence or disability of the Director, or in the event of a vacancy in that office, the first official listed below who is available shall act as Director, except during a planned absence for which different order has been specified:

- (1) (a) Deputy Director
- (b) Deputy Director for Science

(2) For a planned period of absence the Director may specify a different order of succession.

Sec. 8.D Delegations of authorities. The Director shall continue to exercise all the authorities given him under the Redefinition of Authority by the Assistant Secretary for Health, dated June 18, 1973 (38 FR 18261), as may be amended, and Reorganization Order, dated September 25, 1973 (39 FR 27316), as may be amended, and those administrative authorities which NIH receives from the Assistant Secretary for Health and the Executive Officer, PHS.

Dated: May 19, 1975.

JOHN OTTINA,
Assistant Secretary for Administration and Management.

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G. THE ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION

Public Health Service

ALCOHOL, DRUG ABUSE, AND MENTAL
HEALTH ADMINISTRATION

Statement of Organization, Functions, and
Delegations of Authority

The organizational structure of the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) was approved by the Secretary on December 28, 1973, which reflected implementation of a Reorganization Order, effective September 26, 1973, signed by the Secretary. Numerous changes in the ADAMHA structure and functional statements are now necessary to reflect current operational requirements.

These changes include the placement of specific responsibility for quality assurance and service financing activities in the Office of the Administrator; abolishment of the Division of State and Community Assistance and establishment of a Division of Resource Development within the National Institute on Alcohol Abuse and Alcoholism; transfer of the mental health epidemiology function from the National Institute of Mental Health's Division of Extramural Research Programs to the Division of Biometry; and a number of other minor changes.

Part 13 of the Statement of Organization, Functions, and Delegations of Authority for the Department of Health, Education, and Welfare entitled Alcohol, Drug Abuse, and Mental Health Administration (C000) (38 FR 2731) as amended by 38 FR 1654-1658 is amended by deleting Section 13-B, Organization and Functions, and inserting the following:

SECTION 13-B, ORGANIZATION AND FUNCTIONS
ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH
ADMINISTRATION (000)

Provides leadership, policies, and goals for the Federal effort designed to assure the treatment and rehabilitation of persons with alcohol, drug abuse, and mental health problems and to prevent such problems. In carrying out these responsibilities the Administration: (1) Conducts and supports research on the biological, psychological, sociological, and epidemiological aspects of alcoholism, drug abuse, and mental health and illness; (2) supports the training of professional and paraprofessional personnel in the prevention, treatment and control of alcoholism and drug abuse; and in the promotion of mental health and the prevention and treatment of mental illness; (3) con-

ducts and supports research and development on the delivery of alcoholism, drug abuse, and mental health services and supports services programs and projects, including facilities construction as appropriate; (4) develops standards and regulations for assuring the quality of alcoholism, drug abuse, and mental health services and provides assistance to regional, State, and local professional standards review organizations in cooperation with appropriate PHS organization components; (5) provides analysis and consultation concerning the inclusion of alcoholism, drug abuse, and mental health services as part of the basic range of health services and their eligibility under Federal and other health financing sources, including third party payment through insurance programs; (6) facilitates linkages of alcohol, drug abuse, and mental health services with social, law enforcement, and other human services; (7) collaborates with and provides technical assistance to State authorities and Regional Offices, and supports State and community efforts in planning, establishing, maintaining, coordinating and evaluating more effective alcoholism, drug abuse, and mental health programs; (8) collaborates with, provides assistance to, and encourages other Federal agencies, national, foreign, State and local organizations, hospitals, and voluntary groups to facilitate and expand programs for the prevention of alcohol, drug abuse, and mental health problems and for the care, treatment, and rehabilitation of persons with these problems; (9) provides information on alcoholism, drug abuse, and mental health to the public and to the scientific community.

Office of the Administrator (CA00)

(1) Provides leadership and direction in the development of programs concerned with the prevention, treatment, and control of alcoholism, drug abuse, and mental illness; and the promotion of mental health generally; (2) coordinates ADAMHA programs and activities concerned with: (a) the development of standards and regulations for assuring the quality of alcoholism, drug abuse, and mental health services; and (b) negotiations with providers and insurers regarding third party and other financing of such services; (3) carries out such ADAMHA-wide functions as coordination of international activities, provision of executive secretariat services, coordination of EEO activities, development of extramural program policy, analysis of legislative issues and development of related policy and position papers, referral of grant applications, and committee management; (4) maintains liaison with the Office of the Assistant Secretary for Health on matters related to program activities of regional interest and such other activities as may be required.

Office of Program Planning and Evaluation (CA11)

(1) Coordinates the Administration's program planning, analytical, and evaluation activities; (2) develops and implements the ADAMHA's forward plans and operational plans with the participation of the Office of Administrative Management and the Office of Program Coordination; (3) analyzes policy issues having Administration-wide implications and provides related resources analyses; (4) provides a continuing assessment of ADAMHA research, resources development and service programs as related to Agency-wide objectives, including the analysis of Agency trends and developments and the derivation of long-term projections; (5) collects and maintains programmatic data on ADAMHA grant and contract activities.

Office of Program Coordination (CA13)

(1) Coordinates ADAMHA program activities with other components of the Department, other Federal agencies and States, including a state program development effort to demonstrate how combined Federal, Regional, and State technical assistance and consultative resources can be more effectively coordinated to improve the alcoholism, drug abuse, and mental health delivery system within a given State; (2) serves as central liaison and coordinating point between the three ADAMHA Institutes and the Regional Offices, including those activities relating to implementation of the Regional Health Administrator's Work Plan; (3) facilitates coordination and collaboration between components of ADAMHA and professional organizations, citizen organizations, and public interest groups (including minority groups) with common interests in preventing and reducing mental illness, alcoholism, and drug abuse, and improving mental health; (4) promotes the internal integration of alcohol, drug abuse, and mental health program activities at the operational level; (5) collaborates with the Office of Program Planning and Evaluation in the development and implementation of the ADAMHA's forward plans and operational plans as they impinge upon program coordination matters.

Office of Administrative Management (CA15)

(1) Develops policies, guidelines, and procedures concerning ADAMHA administrative management; (2) provides administrative services to the ADAMHA in such areas as (a) financial management, including budget and accounting, (b) management policy, (c) grants and contracts policy and review, including cost advisory services, (d) computer systems, (e) personnel management, and (f) general services; (3) advises the Office of Program Planning and Evaluation and other ADAMHA components regarding the implications of administrative policy on program planning and operations; (4) participates in the development of the Administration's forward and operational plans; (5) maintains liaison and coordination with the appropriate staff elements in the Office of the Assistant Secretary for Health.

Division of Financial Management (CA1503)

(1) Plans and coordinates the Administration's financial management activities; (2) provides financial data input for the Administration's forward and operational plans; (3) develops the ADAMHA's annual budget and participates in budget hearings; (4) develops policies and procedures for accounting and other resources control systems; (5) provides accounting and other fiscal services to the ADAMHA; (6) develops financial management reporting systems to meet the needs of ADAMHA planning and decision making.

Division of Management Policy (CA1504)

(1) Develops and recommends plans, policies, organizational patterns, systems, methods, and procedures for the general management of ADAMHA activities; (2) provides advice and assistance to improve management and coordinates the implementation of policies, systems, methods, and procedures; (3) performs or coordinates studies and surveys of the management of ADAMHA activities, including those related to manpower utilization, cost of operations, and effectiveness; (4) insures the integration of program and management planning; (5) maintains a management issuance system; (6) negotiates

solutions to intra-agency problems of organization, functions, policy, procedures, and coordination; (7) furnishes forms and records management services for the ADAMHA.

Division of General Services (CA1505)

(1) Plans and coordinates the provision of general services for the Administration including supply, space, safety, mail, facilities acquisition and utilization, and printing and publications management; (2) advises ADAMHA management on policy, procedures, and other requirements in connection with these services; (3) establishes and coordinates arrangements with other agencies to provide supplies, equipment, and services; (4) provides general services for those components of the Administration located in Headquarters office.

Division of Grants and Contracts Management (CA1507)

(1) Develops and issues policies, standards, procedures, forms, and guides for the management of ADAMHA grants and negotiated contracts, and monitors their application or use; (2) serves as focal point for interpreting regulations, policies, and procedures concerning ADAMHA grants and contracts; (3) develops and operates a system for gathering, analyzing, and reporting management data; (4) provides grants and contracts cost advisory services to ADAMHA; (5) administers the ADAMHA system of informal grantee appeal on adverse actions; (6) coordinates Administration actions on audit reports and determines final resolution; (7) reviews proposals for ADAMHA contracts in excess of stipulated dollar levels and negotiates contracts for the Office of the Administrator.

Division of Computer Systems (CA1508)

(1) Develops policies, standards, and procedures for Administration ADP activities including the ADAMHA's annual ADP plan; (2) participates in establishing ADAMHA requirements for computer-based data processing systems in both program and administrative areas; (3) develops computer systems for the ADAMHA, including systems analysis, programming, and related activities; (4) provides mathematical and statistical data processing capability and consultation to Administration components; (5) operates automatic data processing equipment; (6) initiates and/or coordinates the acquisition of data processing equipment and outside services for the Administration; (7) provides technical assistance and clearance to ADAMHA components on grants and contracts where ADP elements are involved; (8) conducts research on ADP systems and equipment for application to present and future operations.

Division of Personnel Management (CA1509)

(1) Provides personnel management advice and assistance to the Administrator, Alcohol, Drug Abuse, and Mental Health Administration and to managers and supervisors within its servicing area; (2) participates in the development of agency goals and operating plans related to personnel management; (3) within its servicing area, provides personnel management and personnel administration services, including manpower planning and utilization, employment, recruitment, compensation and classification, executive and career development, upward mobility, labor relations, employee relations and occupational health; (4) coordinates and provides technical assistance and guidance to the personnel office of Saint Elizabeths Hospital in the above areas of personnel management and administration;

(5) prepares staff studies and recommendations to ADAMHA management on personnel needs and problems; (6) identifies the need for personnel policies and programs to PHS and collaborates with PHS, as appropriate, in the development of such policies and programs; (7) develops and implements operating procedures and interprets policies to the extent necessary to meet the special needs of Alcohol, Drug Abuse, and Mental Health Administration in the application of PHS, DHEW, CSC and other Government agency regulations; (8) represents Alcohol, Drug Abuse, and Mental Health Administration in personnel management matters with PHS, DHEW, CSC, other Government agencies, professional societies, and colleges and universities.

Office of Communications and Public Affairs (CA17)

(1) Provides for the public affairs aspects of ADAMHA's programs through relationships with the media, professional and citizen organizations and public interest groups, and sponsorship of special events; (2) serves as central liaison and coordinating point for Institute and ADAMHA-wide communications projects and activities, promotes collaboration among the three Institutes in these activities, and assures that they are in accord with ADAMHA goals; (3) reviews and clears publications, audio visuals, press releases and contracts which are designed for or include material of a communication nature for the scientific or general public, and serves as clearance liaison with OASH and OS Offices of Public Affairs; (4) advises the Administrator on policy matters related to ADAMHA communications and public affairs activities; (5) coordinates ADAMHA activities under the Freedom of Information Act and insures the availability of information to the public.

National Institute on Drug Abuse (CC00)

Provides leadership, policies, and goals for the Federal effort in the prevention, control, and treatment of narcotic addiction and drug abuse, and the rehabilitation of affected individuals. In carrying out these responsibilities the Institute: (1) conducts and supports research on the biological, psychological, sociological, and epidemiological aspects of narcotic addiction, and drug abuse; (2) supports the training of professional and para-professional personnel in prevention, treatment and control of drug abuse; (3) conducts and supports research on the development and improvement of drug abuse services delivery, administration, and financing and supports services programs and projects including facilities construction as appropriate; (4) collaborates with and provides technical assistance to State authorities and Regional Offices, and supports State and community efforts in planning, establishing, maintaining, coordinating and evaluating more effective narcotic addiction and drug abuse programs; (5) collaborates with, provides assistance to, and encourages other Federal agencies, national, foreign, State and local organizations, hospitals, and volunteer groups to facilitate and extend programs for the prevention of narcotic addiction, and for the care, treatment, and rehabilitation of addicted persons; (6) carries out administrative and financial management, policy development, planning and evaluation, and public information functions which are required to implement such programs.

Office of the Director (CC01)

(1) Provides leadership, direction, and policy in the development of Institute goals, priorities, policies, and programs; and serves as the focal point for the Department's efforts on drug abuse; (2) provides overall program coordination; (3) conducts and coordinates

Institute interagency, intergovernmental, and international activities, including liaison with the Regional Offices; (4) analyzes legislative issues and develops related policy and position papers; (5) assesses the impact of Institute programs; (6) provides support to the Institute in various areas of administrative management, equal employment opportunity, and in program development, policy analysis and legislative analysis; (7) administers committee management activities and provides correspondence control services for the Institute.

Office of Program Development and Analysis (CC11)

(1) Develops program plans and monitors progress toward established objectives; (2) analyzes program policy and activities and develops recommendations for critical program changes; (3) develops Institute program evaluation policy and plans and initiates proposals for, and participates in, program evaluation; (4) develops data requirements pertinent to planning and evaluating program activities; (5) conducts surveillance activities to measure the impact of Institute programs on national and international trends.

Office of Program Support (CC15)

Provides support to the Institute in various areas of administrative management such as the following: Awarding and administering Institute-sponsored grants, contracts, and interagency agreements; developing Institute budget proposals and establishing and maintaining controls to assure maximum utilization of Institute funds, facilities, and manpower; providing general logistical support for the Institute; and maintaining liaison with management staff of the Office of the Administrator, and implementing within the NIDA general management policies prescribed by ADAMHA.

Division of Research (CC41)

(1) Plans, develops and administers a broad program of biomedical and psychosocial drug abuse research involving both intramural and extramural activities; (2) collaborates with the Division of Community Assistance and organizations outside the Institute including State and local agencies to facilitate research program development; (3) stimulates communication of appropriate information through consultation and the development of conferences, committees, and publications; (4) conducts studies to develop recommendations to the Secretary, DHEW on the scheduling of drugs having abuse potential.

Division of Resource Development (CC43)

(1) Plans, develops and supports programs designed to insure the training and availability of qualified and competent manpower in the drug abuse field; (2) conducts and supports educational programs directed at reducing the incidence of drug abuse; (3) designs and develops innovative programs of drug abuse treatment and rehabilitation; (4) plans, develops and carries out programs to identify changing patterns and predict future problem areas of drug abuse; (5) collaborates with the Division of Community Assistance in assisting States and communities in developing drug abuse prevention and control programs.

Division of Community Assistance (CC45)

(1) Plans, develops and administers the Institute's treatment and rehabilitation programs; (2) assumes primary Institute responsibility for the rendering of technical assistance to States in collaboration with Regional Offices; (3) insures the development, implementation and compliance with

quality treatment standards at reasonable cost; (4) initiates and administers programs for the treatment and rehabilitation of drug dependent persons within the criminal justice system.

Division of Scientific and Program Information (CC47)

(1) Maintains program and management information emanating from Federal and State drug abuse prevention efforts and provides periodic and special reports and analyses for operational and planning purposes; (2) develops drug abuse information systems for the Institute; (3) in collaboration with the Division of Community Assistance, provides consultation to and liaison with other Federal, State and private agencies concerned with information programs on drug abuse; (4) operates the National Clearinghouse for Drug Abuse Information which (a) collects and disseminates information on Federal and State drug abuse programs utilizing as source material publications, community action programs, and reports of Federal, State and local agencies; (b) classifies, processes and stores information in both computerized and printed form; and (c) distributes program information to the lay and professional public and other Federal and non-Federal agencies.

National Institute on Alcohol Abuse and Alcoholism (CE00)

Provides leadership, policies, and goals for the Federal effort in the prevention, control, and treatment of alcohol abuse and alcoholism and the rehabilitation of affected individuals. In carrying out these responsibilities the Institute: (1) conducts and supports research on the biological, psychological, sociological, and epidemiological aspects of alcohol abuse and alcoholism; (2) supports the training of professional and para-professional personnel in prevention, treatment and control of alcoholism; (3) conducts and supports research on the development and improvement of alcoholism services delivery, administration, and financing, and supports alcoholism services programs and projects, including facilities construction as appropriate; (4) collaborates with and provides technical assistance to State authorities and Regional Offices and supports State and community efforts in planning, establishing, maintaining, coordinating and evaluating more effective alcohol abuse and alcoholism programs; (5) collaborates with, provides assistance to, and encourages other Federal agencies, national, foreign, State and local organizations, hospitals, and voluntary groups to facilitate and expand programs for the prevention of alcohol abuse and alcoholism, and for the care, treatment, and rehabilitation of alcoholic persons; (6) develops, implements, and administers an alcoholism detection, referral, and treatment program for Federal civilian employees within the Public Health Service; (7) carries out administrative and financial management, policy development, planning and evaluation, and public information functions which are required to implement such programs.

Office of the Director (CE01)

(1) Provides leadership, direction and policy in the development of Institute goals, priorities, policies, and programs; and serves as a focal point for the Department's efforts on alcoholism; (2) provides overall program coordination; (3) conducts and coordinates Institute interagency, intergovernmental, and international activities, including liaison with the Regional Offices; (4) assesses the impact of Institute programs; (5) provides support to the Institute in various areas of administrative management, equal employment opportunity, and in program development, policy analysis, and legislative analysis;

(6) provides correspondence control services for the Institute.

Office of Program Development and Analysis (CE11)

(1) Develops program plans and monitors progress toward established objectives; (2) analyzes program policy and activities and develops recommendation for critical program changes; (3) develops Institute program evaluation policy and plans and initiates proposals for, and participates in, program evaluation; (4) develops data requirements pertinent to planning and evaluating program activities; (5) conducts surveillance activities to measure the impact of Institute programs on national and international trends.

Office of Program Support (CE15)

Provides support to the Institute in various areas of administrative management such as the following: awarding and administering Institute-sponsored grants, contracts, and interagency agreements; developing Institute budget proposals and establishing and maintaining controls to assure maximum utilization of Institute funds, facilities and manpower; administering committee management activities for the Institute; providing general logistical support for the Institute; and maintaining liaison with management staff of the Office of the Administrator, and implementing within the NIAAA general management policies prescribed by ADAMHA.

Division of Prevention (CE1)

(1) Plans, develops, supports and evaluates programs of public education for the prevention and control of alcoholism in such areas as school curricula and community education; (2) collaborates with and assists Federal, State, and local agencies and non-profit organizations in the development of such prevention and control programs; (3) stimulates and supports the communication of appropriate information and educational material through conferences, committees, publications, and other means.

Division of Resource Development (CE2)

(1) Plans and administers programs of nationwide services for the prevention of alcoholism and the treatment and rehabilitation of alcoholics, under the alcohol formula grants to States program, which supports State efforts in planning, establishing, maintaining, coordinating, and evaluating projects for the development of more effective prevention, treatment, and rehabilitation programs to deal with alcohol abuse and alcoholism; (2) develops the policy and regulatory framework for comprehensive State plans for the establishment and delivery of alcoholism services, and reviews and evaluates individual plans; (3) collaborates with, provides assistance to and encourages national, State, and local governments, hospitals, and voluntary groups to facilitate and extend programs for the care, treatment, and rehabilitation of alcoholics; (4) develops broad programs of training in the field of alcoholism; (5) develops and administers special projects designed to increase third-party payments for alcoholism treatment and rehabilitation services; and (6) administers the program of special grants to States to implement the provisions of the Uniform Alcoholism and Intoxication Treatment Act.

Division of Special Treatment and Rehabilitation (CE45)

(1) Plans, develops, and administers a wide range of innovative treatment and rehabilitation programs directed toward the solution of alcohol abuse and alcoholism among special population groups; (2) coordinates Institute activities with the efforts of other

Federal, State, and local agencies and bodies involved with public safety, employee populations, and other special groups; (3) develops regulations, policies, standards and procedures for programs administered by the Division.

Division of Research (CE47)

(1) Plans, directs, and evaluates programs of basic and clinical research on the multiple determinants of alcoholism and on the treatment and rehabilitation of alcoholic persons and alcohol abusers; (2) stimulates, supports, and conducts biological, pharmacological, behavioral, and sociological research in alcoholism through grants and contracts and an intramural research program in these areas; (3) conducts and supports programs of training to increase the number and improve the utilization of research manpower; (4) coordinates and stimulates statistical and biometric programs necessary for the epidemiological and longitudinal studies of problems of alcohol usage and alcoholic persons.

National Institute of Mental Health (CH00)

Provides leadership, policies, and goals for the Federal effort in the promotion of mental health, the prevention and treatment of mental illness, and the rehabilitation of affected individuals. In carrying out these responsibilities the Institute: (1) conducts and supports research on the biological, psychological, sociological, and epidemiological aspects of mental health and illness; (2) supports the training of professional and paraprofessional personnel in the promotion of mental health and the prevention and treatment of mental illness; (3) conducts and supports research on the development and improvement of mental health services delivery, administration, and financing and supports mental health services programs and projects including facilities construction as appropriate; (4) collaborates with and provides technical assistance to State authorities and Regional Offices, and supports State and community efforts in planning, establishing, maintaining, coordinating, and evaluating more effective mental health programs; (5) collaborates with, provides assistance to, and encourages other Federal agencies, national, foreign, State and local organizations, hospitals, and volunteer groups to facilitate and extend programs to promote mental health and prevent mental illness, and for the care, treatment, and rehabilitation of mentally ill persons; (6) carries out administrative and financial management, policy development, planning and evaluation and public information functions which are required to implement such programs.

Office of the Director (CH01)

(1) Provides leadership, direction, and policy in the development of Institute goals, priorities, policies and programs, including equal employment opportunity, and serves as the focal point for the Department's efforts in mental health and illness; (2) provides overall program coordination; (3) conducts and coordinates Institute interagency, intergovernmental, and international activities, including liaison with the Regional Offices; (4) assesses the impact of Institute programs; (5) provides support to the Institute in various areas of administrative management and in program development, policy analysis, and legislative analysis; (6) conducts intramural education programs for the continuing development of NIMH personnel and mental health personnel in DHEW Regions, State, and local programs; (7) administers committee management activities and provides correspondence control services for the Institute.

Office of Program Development and Analysis (CH11)

(1) Develops program plans and monitors progress toward established objectives; (2) analyzes program policy and activities and develops recommendations for critical program changes; (3) develops Institute program evaluation policy and plans and initiates proposals for, and participates in, program evaluation; (4) develops data requirements pertinent to planning and evaluating program activities; (5) analyzes and forecasts social and cultural trends and identifies implications for Institute programs; (6) coordinates Institute field and interagency liaison activities; (7) provides legislative services and the review of judicial decisions affecting mental health programs.

Office of Program Support (CH15)

Provides support to the Institute in various areas of administrative management such as the following: awarding and administering Institute-sponsored grants, contracts, and interagency agreements; developing Institute budget proposals and establishing and maintaining controls to assure maximum utilization of Institute funds, facilities, and manpower; providing general logistical support for the Institute; and maintaining liaison with management staff of the Office of the Administrator, and implementing within the NIMH general management policies prescribed by ADAMHA.

Division of Manpower and Training Programs (CH14)

(1) Plans, administers, and supports programs in the planning, development, training, and utilization of mental health manpower to meet mental health service delivery system and research needs including: (a) manpower research and demonstration projects; (b) training in the mental health core disciplines and related fields; and (c) technical and related financial assistance, in collaboration with Regional Offices, to States, local governments, service agencies, and training institutions; (2) collects and analyzes data and conducts studies related to nationwide perspectives and needs regarding mental health manpower planning, training, development, and utilization.

Division of Mental Health Service Programs (CH43)

(1) Plans, develops, and administers programs to improve the organization and delivery of mental health services responsive to changing national needs; (2) coordinates activities concerned with the mental health aspects of health insurance and other service payment programs, and the relationship between the organization and delivery of mental health services and fiscal resources; (3) provides advice and consultation to national, regional, State, and community agencies; (4) plans and administers programs for improved services delivery methods in a community context; (5) conducts research on, evaluates, and implements methods for improvement of mental health services through identification of new and innovative services models and practices; (6) fosters the dissemination and adoption of new knowledge obtained through the convergence of research and operational experience.

Division of Special Mental Health Programs (CH45)

(1) Plans and administers integrated programs of research, training, and related activities directed toward the meeting of critical national needs in social problem areas such as child and family mental health, crime and delinquency, metropolitan mental health, mental health disaster assistance, and mental health of the aging; (2) reviews and eval-

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uates such programs in terms of performance in relation to stated goals and objectives and changing national needs; (3) coordinates and integrates these programs with other pertinent components of the Institute, ADAMHA, PHS, DHEW, and the Federal Government.

Division of Scientific and Public Information (CH46)

(1) Plans and directs the acquisition and dissemination of scientific and technical information related to mental health; the preparation of papers, reports, and other scientific information materials; the development of health education materials; and the preparation of special program reports; (2) operates a mental health technical library; (3) provides public information services for the Institute and prepares responses to public inquiries.

Saint Elizabeths Hospital-Division of Clinical and Community Services (CH49)

(1) Provides treatment, care, and rehabilitation services for psychiatric patients including a security treatment facility; (2) operates a model comprehensive community mental health center; (3) conducts and coordinates hospital training and research programs; (4) provides administrative and logistical support to other ADAMHA research activities located in the facilities of the hospital.

Division of Biometry and Epidemiology (CH52)

(1) Advises and assists in the development of biostatistical and other statistical analysis programs in the operating components of NIMH and the other ADAMHA Institutes, recommends policies and standards for the operation of such programs and provides statistical and mathematical services to other ADAMHA Institutes as requested; (2) conducts research and develops quantitative models for research and data collection in the areas of biometric, epidemiologic and demographic significance; (3) coordinates Institute activities in mental health epidemiology; develops and supports programs of research, training, field trials and demonstrations pertaining to epidemiology; and operates field stations for the conduct of epidemiology studies; (4) carries out a national reporting program and stimulates the development of projects for the collection and analysis of data on the characteristics and patterns of use of mental health and related facilities on a national, regional, State or local level; (5) provides technical assistance in statistical and epidemiologic methodology, development of mental health information systems and in the use of statistical, epidemiologic and demographic data in program management and research through consultation, conferences, workshops, seminars and publications.

Division of Extramural Research Programs (CH53)

(1) Plans and administers programs of support for research into the causes, prevention, diagnosis and treatment of mental diseases, including behavioral, clinical, applied, biological, and psychopharmacological research; (2) coordinates NIMH programs in schizophrenia.

Mental Health Intramural Research Program (CH54)

(1) Plans and administers a comprehensive long-term intramural research program of clinical and behavioral, biological, and special research dealing with the causes, diagnosis, treatment, and prevention of mental disorders and the biological and

psychosocial factors that determine human behavior and development; (2) provides a focus for national attention in the area of mental health research; (3) provides technical support through development and maintenance of electronic and mechanical instrumentation and equipment.

Division of Special Mental Health Research (CH5403)

Under the direction of the Mental Health Intramural Research Program, (1) plans and conducts a program of intramural research on special mental health problems, such as psychopharmacology, neuropharmacology, memory, human behavior, and biochemistry of learning; (2) performs clinical evaluation and followup activities in connection with research patients.

Division of Clinical and Behavioral Research (CH5405)

Under the direction of the Mental Health Intramural Research Program, plans and conducts a coordinated program of clinical and behavioral research dealing with the causes, diagnosis, treatment, and prevention of mental disease.

Division of Biological and Biochemical Research (CH5407)

Under the direction of the Mental Health Intramural Research Program, plans and conducts a coordinated program of biological and biochemical research dealing with the basic biological processes that determine both adaptive and maladaptive behavior.

Part 13 is further amended by deleting Section 13-C, Order of Succession, and inserting the following:

SECTION 13-C, ORDER OF SUCCESSION

During the absence or disability of the Administrator, ADAMHA, or in the event of a vacancy in that office, the first official listed below who is available shall act as Administrator, except that during a planned period of absence, the Administrator may specify a different order of succession: (1) Deputy Administrator; (2) Associate Administrator for Program Coordination.

Dated: August 11, 1975.

JOHN OTTINA,
Assistant Secretary for
Administration and Management.

[FR Doc.75-21807 Filed 8-18-75; 8:45 am]

H. THE SOCIAL SECURITY ADMINISTRATION

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Office of the Secretary SOCIAL SECURITY ADMINISTRATION

Statement of Organization, Functions, and Delegations of Authority

Part 8 (Social Security Administration) of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health, Education, and Welfare (32 F.R. 10458 et seq., July 15, 1967), is hereby revised to read as follows:

8-A. Mission. The Social Security Administration administers the Federal retirement, survivors, disability, and health insurance for the aged programs and the Federal Credit Union Act. It is responsible for studying the problems of poverty, insecurity, and the health care needs of the aged and the contributions that can be made to their solution by social insurance and related programs, and for making recommendations as to the most effective methods of improving social and economic security through social insurance.

8-B. Organization and functions. The Social Security Administration is under the supervision and direction of the Commissioner of Social Security, and is composed of the following organizational components:

Office of the Commissioner (OC). Gives overall executive leadership to the administration of the Federal retirement, survivors, disability, and health insurance for the aged programs, and the Federal Credit Union Act. Establishes objectives within the broad and general statutory requirements, and provides program and policy formulation and guidance.

Office of the Assistant Commissioner, Field, OC. Provides day-to-day guidance to the Regional Assistant Commissioners; interprets policies and objectives; identifies major program and administrative problems affecting the field and takes, initiates, or recommends action on them. Assures for the Commissioner that interregional and intraregional problems arising in the field are given prompt attention. Assesses, through day-to-day contacts with the

Regional Assistant Commissioners, the effectiveness and adequacy of social security program administration in the field and the responsiveness of the field organization to the public and to the policies, directives, and values of the Commissioner; keeps the Commissioner fully informed on these matters. Carries out for the Commissioner personal and confidential assignments relating to any aspect of program administration.

Office of the Regional Assistant Commissioner, OC. Serves as the personal representative of the Commissioner in the Social Security region and is accountable to the Commissioner, Field. Provides broad general leadership and direction to the bureaus' regional representatives. Assures timely and integrated implementation of SSA policies to achieve program objectives, evaluates program accomplishments, identifies significant problem areas, and initiates or recommends corrective measures. Represents SSA in dealings with the DHEW Regional Directors, and with officials of public and private organizations.

Office of the Actuary. Conducts and directs the actuarial program of SSA. Performs actuarial and demographic research into social insurance and related programs, and makes actuarial appraisals of existing and proposed programs. Studies, for both the immediate and distant future, problems of financing program costs, estimating future workloads, and evaluating operations of the four Trust Funds. Develops and analyzes actuarial data for benefit estimates and valuations. Provides technical and consultative services to Congressional committees, Congressmen, public advisory committees, and other Federal agencies. Testifies concerning actuarial estimates before Congressional committees considering legislative changes in the Social Security programs. Performs actuarial valuation work for the Retired Serviceman's Family Protection Plan.

Office of Administration (OA). Plans and directs the management program of SSA. Provides overall administrative leadership for the Commissioner in coordinating program administration throughout SSA, and in planning, directing, and controlling management programs, policies, and activities. Administers SSA-wide programs in the areas of personnel and employee development; administrative appraisal and planning; budget and financial management; planning, analysis, and coordination of SSA systems; professional operations research; overall operating facilities, including procurement and supply; employee communications; audits and investigations; and employee health services. Represents SSA on matters of overall program administration and management with DHEW, other Federal agencies, and non-Federal organizations.

Employee Management Relations and Equal Employment Opportunity Staff, OA. Assists the Deputy Assistant Commissioner (Employee Relations) in directing and coordinating SSA-wide programs of employee-management cooper-

ation (EMC) and equal employment opportunity (EEO) as provided for under Executive Orders 10988 and 11246, respectively. Develops and coordinates policy for, and appraises the effectiveness of SSA's EMC and EEO programs. Reviews the employment posture of health insurance intermediaries under contract with SSA for compliance with the requirements of Executive Order 11246. Conducts liaison with DHEW and other agencies on matters concerning EMC, EEO, and civil rights. Represents SSA in contacts with public and private organizations interested in EMC and EEO.

Management Coordination and Special Projects Staff, OA. Serves as the personal staff to the Assistant Commissioner for Administration, performing for him a broad spectrum of personally assigned tasks in projects, negotiations, and work areas in which the Assistant Commissioner has a special interest or concern. Aids the Assistant Commissioner in coordinating and integrating the many-faceted and interrelated activities of the Office of Administration. Steps in and guides for the Assistant Commissioner important projects and assignments by providing advice, assistance, problem identification, and recommendations for problem resolution. Conducts or directs projects of major SSA-wide importance and significance on assignment by the Assistant Commissioner.

Division of Administrative Appraisal and Planning, OA. Directs the appraisal of total SSA administration and the planning for efficient SSA organization and operations. Develops major operating and administrative goals and measures of effectiveness for program administration. Identifies current and emerging problems and recommends remedial actions. Continually appraises organizational effectiveness. Develops consistent and progressive administrative policies and philosophy. Conducts, coordinates, and integrates long-range operational, organizational, and administrative planning and provides leadership in administrative planning for pending legislation.

Division of Audits and Investigations, OA. Directs the internal audits and investigations programs of SSA. Conducts comprehensive audits in headquarters and, in collaboration with DHEW or independently, conducts field audits. Appraises existing practices for compliance with law, regulations, policies, and procedures. Analyzes DHEW and GAO audit reports, prepares SSA responses, and oversees implementation of necessary consequent actions. Represents SSA in dealings with DHEW Audit Agency and GAO site audit teams. Reports to the Commissioner on internal audit and investigative findings, and recommends corrective action. Investigates alleged program and criminal violations, employee misconduct, and other irregularities. Develops policies and procedures for, and provides technical as-

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assistance on SSA internal audit and investigative activities.

Division of Training and Career Development, OA. Directs the employee development program of SSA. Develops employee development objectives, policies, standards, and procedures. Develops an integrated SSA-wide plan to meet employee development needs. Conducts training programs SSA-wide, and oversees, coordinates, and appraises employee development activities of the SSA components. Negotiates for use of outside facilities and specialists in meeting training needs. Administers a service program for the identification, evaluation, and development of improved training methods, aids, and techniques. Directs and coordinates the SSA Center for Continuing Education. Administers the SSA Career and Educational Guidance Program.

Division of Financial Management, OA. Directs the financial management program of SSA. Develops financial management objectives, policies, standards, and procedures. Plans, prepares, justifies, and executes the SSA budget. Prepares and justifies budget estimates to finance program and other legislative changes. Conducts continuing evaluation of expenditures of funds and takes actions to improve fiscal effectiveness. Maintains administrative accounts, and certain trust fund expenditure and receipt accounts. Audits and certifies vouchers for administrative expenses, and prepares basic and required financial reports. Conducts continuing evaluation of financial systems, implements improvements, and insures that financial systems are integrated within SSA and with DHEW. Provides financial advice on program matters and initiates cost studies.

Division of Operating Facilities, OA. Directs the management support program of SSA. Develops management support objectives, policies, standards, and procedures. Directs SSA activities in the areas of: Buildings construction and leasing, space utilization, forms and records management, printing and graphics, real and personal property, procurement, supply and mail systems, and civil defense. Provides SSA liaison with the General Services Administration on matters related to the maintenance and servicing of headquarters facilities. Manages the SSA Library and related services. Provides a variety of headquarters services such as: centralized secretarial services, centralized dictation facilities, parking, and transportation.

Division of Personnel, OA. Directs the personnel management program of SSA. Develops personnel management objectives, policies, standards and procedures. Conducts and coordinates position classification, recruitment, placement, and employee relations programs. Participates in administration of programs for employee-management cooperation, equal employment opportunity, and employee communications. Evaluates personnel administration in SSA and recommends or takes action to improve deficiencies. Assists SSA components,

field installations, and SSA component personnel offices in their personnel operations. Provides personnel operations services for headquarters offices.

Division of Systems Coordination and Planning, OA. Provides SSA-wide leadership and direction for systems planning, encompassing both EDP and non-EDP, and operational and management systems. Develops, maintains, and improves the total data processing system for SSA. Establishes systems policies and standards, and plans overall specifications for SSA systems. Reviews and evaluates proposed systems and equipment changes for conformance with longer range SSA systems planning goals and to assure integration of SSA systems.

Employee Health Service, OA. Directs the employee preventive health program of SSA. Promotes health, efficiency, and productive longevity of employees. Treats directly all types of medical emergencies in work situations, and arranges availability of other Government and private services. Assists employees in the detection of health problems through the administration of mass screening programs and offering of individual services. Conducts physical examination programs. Provides referrals to appropriate private and community resources. Establishes and enforces standards of health and comfort through a broad environmental health program. Directs an SSA-wide safety program, and conducts a continuing health education program.

SSA Employee Communications Staff, OA. Directs the management-employee communications program of SSA. Publishes a variety of informational materials, including a monthly employee magazine, a semimonthly management newsletter, and a weekly central office bulletin. Prepares and edits administrative reports and presentations. Provides assistance to and appraises management-employee communications activities in the field. Identifies weaknesses in management-employee communications and recommends improvements. Provides advice and consultation on management communications with employees.

SSA Operations Research Staff, OA. Provides operations research capability for application to and solution of SSA management and operational problems. Applies operations research techniques to the analysis of individual problems. Utilizes mathematical analysis, statistical techniques, model-building, and cost-benefit analysis for the purpose of analyzing problem areas and providing clear, definitive alternative courses of action to facilitate management decisions. Provides staff support in the areas of systems planning, and management and operations analysis, and participates in the development and improvement of programs designed to optimize the operation of the entire system.

Office of Information (OI). Plans and directs a nationwide public information program to assure public understanding of rights and responsibilities under the Social Security program. Develops guidelines, techniques, and key materials applicable to all information media. En-

gages in cooperative public information activities with both public and private organizations. Conducts surveys and studies to identify problems of public understanding of Social Security, and to determine the effectiveness of informational activities. Provides advisory and technical services to the Commissioner, SSA Bureaus and Offices, and the Office of the Secretary on public information and public relations aspects of SSA programs. Directs SSA's public inquiry and correspondence activities, and prepares replies to much of SSA's high priority correspondence.

Division of Operations, OI. Develops and evaluates nationwide objectives, themes, and action messages. Conducts surveys and studies of levels of public understanding. Issues instructions and guidelines on public information materials, activities, and techniques. Originates contacts and/or responds to outside requests resulting in comprehensive programs to reach the public through national groups and organizations. Conducts a program of community relations in Baltimore. Provides tour and receptionist services for the Social Security Building. Conducts the SSA Speakers' Service. Operates a Washington inquiries program serving Congressional offices, Departmental and other Governmental offices, and the public.

Division of Production, OI. Plans and produces materials for use by all major media (publications, magazines, radio, television, motion pictures, direct mail, exhibits, posters, and speeches). Develops and implements policy on the nature, style, content, and use of informational materials. Directs production of materials by contractors. Provides technical assistance to SSA components in the preparation and production of issuances having public information aspects; clears such materials for conformance to policy, editorial and aesthetic suitability of presentation, and public relations and understanding. Prepares speech materials and background information for use by SSA, Department, and other Federal officials.

Division of Public Inquiries, OI. Establishes, promulgates, and assesses SSA policy governing public and Congressional correspondence. Conducts studies and surveys to detect and evaluate SSA procedures and practices which may create misunderstanding, adverse public reaction, or other public relations problems. Recommends corrective action as necessary. Provides advice and assistance to SSA officials and liaison with the Department on public correspondence matters. Conducts a program to improve correspondence with the public. Receives, analyzes, and controls high priority written and telephone inquiries. Replies to many of these inquiries, and reviews all written replies to such inquiries prepared elsewhere in SSA.

Office of Program Evaluation and Planning (OPEP). Directs the legislative planning and analysis program of SSA. Evaluates the effectiveness of the Social Security program in providing security through retirement, survivors, disability, and health insurance. Develops and

interprets program philosophy and objectives. Develops and evaluates recommendations concerning legislative proposals for changes in the Social Security program. Analyzes and makes recommendations on related income maintenance and health insurance proposals, particularly those which may involve coordination with the Social Security program, and on other methods of providing economic security through social insurance. Provides technical and advisory services to officials within the Executive Branch, Congressional committees and individual Congressmen, and private organizations interested in Social Security legislation.

Division of Coverage and Disability Benefits, OPEP. Develops and evaluates legislative proposals for extending social security protection to groups not yet covered. Evaluates proposals for program changes in the light of their effect on special coverage groups. Studies and makes recommendations on measures concerning the provision of income maintenance for the disabled and their dependents through the social security system. Recommends methods for coordinating the protection afforded under social security with that afforded under other public retirement or disability programs.

Division of Health Insurance, OPEP. Evaluates the health insurance program in terms of its effectiveness in providing adequate health insurance protection for the aged. Develops and analyzes legislative proposals designed to improve the protection provided and to change the health insurance provisions in other respects. Evaluates the need for health insurance on the part of social security beneficiaries under 65, and develops alternative courses of action for meeting these needs through legislation. Makes recommendations on methods and sources of financing the health insurance program. Recommends methods for coordinating the health insurance protection afforded under social security with that afforded under other public retirement programs.

Division of Retirement and Survivors Benefits, OPEP. Develops and elucidates overall program principles and philosophy. Evaluates and prepares proposals for social security program legislative changes in the area of retirement and survivors benefits, and also in those aspects of the program that are not primarily concerned with coverage, disability, or health insurance. Analyzes and makes recommendations on related income maintenance proposals. Conducts studies to aid in defining and resolving various program issues such as the level of social security benefits, the range of dependents who should receive benefits, and the establishment of priority among dependents.

Office of Research and Statistics (ORS). Conducts and directs the broad research and statistical programs of SSA. Conducts research relating to retirement age, methods of financing, redistributional effects of social security, and adequacy of cash and health benefits. Studies and makes recommendations concerning

problems of poverty, insecurity, and health costs, and the contributions that social insurance and related programs can make toward their solution. Conducts national surveys of the aged, the disabled, and families with children. Provides continuing evaluation of national policies and procedures for effectiveness in meeting program goals. Publishes statistical data and research findings. Represents SSA on matters of research and statistics with DHEW, other agencies, universities, research centers, and international organizations.

Evaluation and Measurement System Staff, ORS. Plans, directs, and coordinates the development and operation of a system of continuous statistical evaluations and measurement of basic claims and related policies and procedures.

International Staff, ORS. Develops, coordinates, and implements programs designed to assemble and analyze information about social security programs of all countries. Conducts comparative economic studies of selected aspects of foreign programs. Coordinates relationships between SSA and international social security organizations, interchanging information on program matters. Provides technical guidance and participates in the development and implementation of U.S. international policy in the social insurance field. Directs social security study and training programs for foreign nationals. Advises AID and other agencies and governments on training resources in the United States, and assists in training for technical assistance. Coordinates SSA activities concerned with the reception and orientation of foreign visitors.

Publications Staff, ORS. Plans, stimulates, and guides an overall research and statistics publications program. Plans, edits, and publishes the Social Security Bulletin, Annual Statistical Supplement, the Research Report series, and other reports. Provides professional-level writing and editing services to assist in preparing research and statistical documents for publication.

Research Grants Staff, ORS. Develops, coordinates, and implements SSA activities in the cooperative research grants program. Stimulates interest in the program and identifies new or existing areas of knowledge or problems which may be usefully studied under the program. Provides guidance to research applicants. Reviews applications and preliminary proposals for grant research. Reports progress and findings of SSA-related projects.

Division of Disability Studies, ORS. Plans and directs a continuing national economic and social survey program to collect data on and to study the disabled population. Plans and directs studies of significant program issues requiring research into such areas as: The adequacy of protection available to disabled workers and their dependents; the causes and effects of disability; the proportion of allowances and disallowances in the disability insurance program; trends in and effects of the rehabilitation of disabled beneficiaries; problems of representative payment to both institutionalized and

noninstitutionalized beneficiaries; and comparative studies of beneficiaries with and without representative payees.

Studies, ORS. Plans and directs long-range program-oriented research, projecting and interpreting changing demographic, economic, and social trends as they relate to the broad field of economic security and to overall economic and social policy. Studies such major areas as: Social security financing; economic impacts of social security; income maintenance alternatives; effects of social security on lifetime income redistribution; alternative measures of income adequacy; the relationship of social security to other public and to private income maintenance programs; and the development and publication of aggregative measures such as the social welfare expenditures series, economic projections, and labor market studies.

Division of Health Insurance Studies, ORS. Develops and directs the statistical system for the health insurance program. Conducts special studies and analyses of the operation of the program, including utilization of services and trends in costs. Directs and conducts research on the impact of the program on: Public and private health insurance programs, financial situations of hospitals, and total medical expenditures and costs. Conducts studies of unmet needs and related questions. Coordinates SSA research programs in the area with related studies conducted or supported by other agencies, including the Public Health Service and the Social and Rehabilitation Service.

Division of OASDI Statistics, ORS. Plans and directs the development and maintenance of a broad statistical program concerning basic retirement, survivors, and disability insurance program statistics. Provides statistical services throughout SSA, and technical consultation to users of SSA statistics both within and outside the agency.

Division of Retirement and Survivors Studies, ORS. Plans and directs a continuing national economic and social survey program to collect data on and to study the aged population and survivors of deceased workers. Conducts cross-section surveys of the aged, new retirees, young survivors, and related family groups. Plans and directs studies of significant program issues requiring research into such areas as: Retirement patterns; problems of "early" retirement; the needs of widows without children before they become eligible for retirement benefits; the treatment of women under social security; the relation of benefit levels to standards of adequacy; effects of the retirement test; and the situation of individuals receiving minimum benefits.

Bureau of Data Processing and Accounts (BDPA). Provides direction for the nationwide operations of a centralized EDP and telecommunications facility for SSA, including systems analysis, programming, computer operations, and data transmission. Establishes and maintains the basic records supporting Social Security programs, including records and accounts for determining ex-

entitlement to and computation of retirement, survivors, and disability insurance benefits, and for determining entitlement to and utilization of health insurance benefits. Develops earnings reporting standards and procedures for employers and the self-employed. Investigates and resolves reporting and earnings record discrepancies. Furnishes necessary data to the Department of the Treasury for proper crediting of FICA contributions to the Trust Funds. Directs and operates a large scale system for compiling comprehensive statistical data for program and management studies. Participates in legislative planning.

Division of Accounts and Adjustments, BDPA. Identifies and reinstates earnings items, health insurance inquiries, doctor bills, and hospital notices reported incorrectly or incompletely as to name or account number. Processes notices received from the Internal Revenue Service correcting reported earnings, periods, or account numbers. Processes evidence postings based on district office investigations. Adjusts accounts when account holders' identities have been confused. Maintains registers of accounts established, health insurance records, files of suspense and reinstated items, employer wage reports, self-employed income reports, and detailed earnings listings. Answers and/or initiates correspondence relating to earnings and health insurance records.

Division of Certification, BDPA. Analyzes, determines, and certifies to district offices and payment centers all data concerning earnings, primary insurance amounts, and insured status for adjudicating all original claims and recomputations. Resolves discrepancies between SSA records and individuals' statements of earnings and employment. Reviews district office determinations or makes determinations based on evidence submitted by district offices as to whether alleged employment is employment as defined by the Social Security Act.

Division of Management Coordination, BDPA. Analyzes, appraises, and coordinates the Bureau's management activities. Administers management programs in the areas of fiscal management, medical group premium collections, clerk time and production controls, organization planning, procurement, training and staff development, work planning and reporting, personnel management, incentive awards, records management, and related management functions. Provides study programs and informational services to visitors. Surveys Bureau operations, procedures, and management. Provides a continuing program of correspondence review. Provides mail and messenger, electrical and mechanical equipment maintenance, special equipment fabrication, and various labor services for Headquarters. Performs special assignments and administrative duties for the Bureau Director.

Division of Registration, BDPA. Controls printing and distribution of pre-numbered account cards. Issues duplicate account cards and furnishes missing account numbers. Maintains files of Bu-

reau's correspondence, employee, and employer applications. Answers correspondence concerning individual and employer numbers. Initiates BDPA processing of claims and related actions. Audits wage and self-employment reports prior to electronic processing. Receives and medically codes a sampling of medical bills. Establishes and maintains the Bureau's State and local government accounts. Records Minister Waiver Certificates. Furnishes photographic services. Provides safe storage of key duplicate records.

Division of Statistical Services, BDPA. Provides advisory services to other SSA components, Government agencies, and non-Government organizations on availability and adequacy of Bureau data for projects wherein SSA records would be used. Develops systems, plans, procedures and EDP programs for, and processes a variety of projects covering data on health insurance, disability, routine and special management studies, claims, employer, and employee earnings or self-employment income including employee lifetime employment history. Conducts studies jointly with other components on problems of mutual concern. Provides liaison with other components regarding requests for statistical data.

Assistant Bureau Director, EDP Operations, BDPA. Directs EDP and support operations necessary to the receipt, audit, correction, adjustment, and posting of all earnings reports, and the maintenance of health insurance eligibility and payment records. Directs the EDP operations which analyze data and provide: Informational earnings statements to account holders; earnings data and computations for claims processing; data to payment centers from benefit-in-force rolls; and data to intermediaries from health insurance benefit rolls. Directs operational control of a nationwide EDP and telecommunications system for SSA.

Division of Central EDP Operations, BDPA. Converts earnings data from employer wage reports to magnetic tape, and performs a series of EDP operations to update summary records for individual accounts. Analyzes earnings data by EDP process, and prepares computations to derive primary insurance amounts applicable to the certification of original claims cases, disability benefit cases, and recomputations. Identifies and reinstates earnings items reported incorrectly. Maintains and updates benefit-in-force rolls and provides data to payment centers. Maintains and updates health insurance benefit rolls and provides data to intermediaries. Provides operational control of the SSA telecommunication network.

Division of Report Processing, BDPA. Processes employer wage and self-employment income reports. Transfers earnings data from reports to punch cards. Performs sorting, listing, blocking, and auditing operations. Corresponds with the Internal Revenue Service and with employers concerning earnings discrepancies. Performs clerical operations necessary for the audit and control of the quarterly updating of employee accounts and the reinstatement of rejected items. Audits earnings data and adjusts discrepancies. Maintains eligibility records for the health insurance programs. Audits and controls the processing of payment records. Corresponds with health insurance intermediaries and providers dealing directly with SSA.

Assistant Bureau Director, Methods and EDP Systems, BDPA. Directs the planning and development, and makes recommendations concerning the use of SSA EDP, telecommunications, and micro-photographic facilities. Directs a methods and EDP systems program for the design and implementation of policies, procedures, methods, and systems for all the Bureau's functions as well as the data processing activities of SSA components. Participates in continuing activities designed to keep abreast of the latest techniques and developments in the uses of office machines, wire transmission, micro-photographic and EDP equipment as related to SSA needs.

Division of Accounting EDP Systems, BDPA. Designs and implements EDP systems for: Establishing and maintaining employee/employer accounts; processing improperly reported earnings items; and establishing and maintaining various management controls. Designs health insurance EDP record-keeping systems for: Establishing and maintaining beneficiary, provider, and group premium files; processing queries, replies, bills, and payment records; and preparing identification cards, premium and utilization notices. Provides technical systems advice and assistance to SSA components, State, Federal, domestic, and foreign organizations. Evaluates latest techniques and acquires latest equipment pertinent to the Bureau's mission in data processing.

Division of Claims and State Coverage Methods, BDPA. Develops operating policies, systems, and instructions for: Claims certification, interbureau and interagency claims process coordination, earnings statement issuance, reconciliation of disagreements to earnings and health insurance utilization statements, disclosure of confidential information from SSA records, and administration of contractual coverage of State and local government employees, including the collection and accounting of all related payments. Analyzes and advises regarding related policy positions, legislative proposals, and program objectives.

Division of EDP Claims Processing, BDPA. Designs and implements EDP systems for: The initial establishment and certification of the master beneficiary record, and the preparation and maintenance of related subsidiary tape and microfilm files; processing requests for earnings record information and claims action; providing various service, control, and statistic-related operations for initial claims; furnishing health insurance entitlement and billing data for new claims to appropriate EDP processes; utilizing the earnings record and employer address files for reference capability to service requests for data from these files; and producing management,

study, statistical, and control reports as required from the beneficiary record.

Division of EDP Postentitlement Processing, BDPA. Designs and implements EDP systems for: The continuing maintenance and adjustment of master benefit records resulting from postentitlement actions; providing numerous service, control, and statistic-related operations to provide statistics, management, or study data as required; furnishing data concerning changes in health insurance enrollment and billing to appropriate EDP processes; providing a reference capability to service requests for data from these files; continuing maintenance of related beneficiary record files; providing the capability for supplementary medical insurance billing, accounting, control of overpayment recovery, and similar related processes.

Division of Reporting and Accounting Methods, BDPA. Develops and issues new or revised operating policies and procedures for establishing the social security records, processing all earnings data to update these records, and processing various segments of the health insurance program. Devises system for furnishing Trust Fund information to Treasury Department. Analyzes proposed legislation, policy changes, and demands for statistical data for procedural and operational implications and for administrative feasibility. Coordinates, the Division's operating procedures with other SSA components, governmental agencies, and with the EDP systems divisions to assure desired integration of clerical and manual procedures with EDP operations.

Division of Telecommunications Management, BDPA. Provides management planning, direction, and appraisal of record and voice telecommunications systems to support SSA programs. Develops and implements policies and procedures to assure efficient, economical, and effective communications services and facilities. Develops and issues technical operating manuals, directories, and training programs. Approves major changes of SSA telephone plant. Manages and operates central office telephone systems. Maintains technical liaison with SSA components, Federal agencies, private concerns, carriers, and vendors with regard to policy set by legislation, directives, contracts, and tariffs.

Bureau of Disability Insurance (BDI). Provides direction and technical guidance for nationwide administration of the disability insurance program. Develops, recommends, and issues substantive policies, procedures, and interpretations to provide program direction to disability insurance administration throughout SSA and in State agencies. Develops, in cooperation with SRS, policies and procedures for administration of the disability beneficiary rehabilitation program. Negotiates agreements, advances funds, establishes administrative and fiscal controls, and provides direction for management of State agency disability operations. Appraises the quality and effectiveness of disability insurance administration. Administers central disability operations including

review and authorization of disability claims, certification of benefit payments, and maintenance of disability beneficiary rolls. Conducts studies and statistical analyses to evaluate the effect of program policies and operations. Participates in legislative planning.

Medical Consultant Staff, BDI. Develops broad medical concepts and policies for administration of the disability insurance program. Provides consultation on all medical aspects of disability program planning and administration. Directs and/or provides consultation for research studies to develop improved medical techniques for reevaluating and measuring disability. Develops and conducts orientation and training programs for medical personnel in the Bureau and in State agencies. Develops medical evaluation and development policies and guides. Provides medical consultation and review on certain individual claims determinations. Establishes and maintains liaison with professional medical organizations to promote program goals. Represents SSA and the Bureau with other agencies and organizations.

Assistant Bureau Director, Disability Policy and Procedures, Division of Disability Policy and Procedures, BDI. Promulgates policies and procedures for processing disability claims through all stages of operations in district offices, State agencies, and the Bureau of Disability Insurance. Adapts the Bureau's methods of processing disability claims to SSA operating procedures for claims authorization and payment. Renders technical assistance in the preparation of regulations, rulings, and program materials. Acts as consultant on disability policy matters. Provides interprogram coordination with public and private organizations concerned with disability. Participates in legislative planning.

Assistant Bureau Director, Field Disability Operations, Division of Field Disability Operations, BDI. Develops and maintains a continuing program of surveillance and evaluation of disability program operations at regional and State agency levels. Provides guidance and assistance to regional offices in carrying out their responsibilities for program direction in the field. Develops and carries out Bureau activities to stimulate the vocational rehabilitation of disability applicants and beneficiaries. Cooperates with the Social and Rehabilitation Service in the formulation of regulations, policies, and procedures. Trust Fund payment of disability beneficiary rehabilitation services. Develops and maintains a comprehensive national system of policies, standards, and procedures for the administrative and fiscal management of contracting State agencies.

Assistant Bureau Director, Management and Appraisal, Division of Management and Appraisal, BDI. Directs fiscal, statistical analysis, management improvement, and administrative management programs for the Bureau. Directs a program of training and personnel

management. Formulates Bureau work plans and work emphases. Surveys and appraises operating and administrative systems, methods, and organization to develop and implement management improvements. Appraises the quality of adjudication at all stages of the disability claims process. Directs and coordinates a program of studies and statistical analyses to appraise and improve administrative policies, procedures, and operations. Provides a system of statistical data for use within and outside the Bureau.

Assistant Bureau Director, Operations, BDI. Administers the review and authorization of disability claims, certification of benefits, and maintenance of the beneficiary rolls. Directs the review and reconsideration of State agency determinations of disability, and negotiates any issues arising for the purpose of evaluating quality, assuring conformity, and providing guidance. Directs the claims reconsideration activities of the Bureau. Directs the analysis of appellate decisions for administrative implications, the preparation of SSA positions for disability determinations in litigation, and a public inquiries program in the areas of public and congressional correspondence.

Division of Benefit Payments, BDI. Operates and maintains the Bureau's benefit payment system. Adjusts, suspends, and terminates benefits of individuals and their dependents on the disability rolls. Prepares benefit payment data for introduction into the computer system, and maintains accounting controls, using EDP techniques as well as manual and other methods. Processes all actions to maintain beneficiary payment rolls. Assures by sample audit that magnetic tape records reflect actual authorized payment actions. Coordinates computer operations with the Bureau of Data Processing and Accounts. Recommends disability policy, procedural, and legislative changes. Coordinates Division operations with SSA bureaus, State agencies, the Treasury Department, and the General Accounting Office.

Division of Benefit Services, BDI. Operates and maintains a comprehensive workflow management system for BDI Operations. Operates the Bureau's case control and folder location systems and assures the timely association of claims-related material. Processes incoming and outgoing mail, and prepares and releases award certificates, denial letters, and other claims-related notices. Establishes and maintains the Bureau's files of claims folders. Examines disability cases to determine whether a review of continuing entitlement is necessary. Receives and processes payee accounting reports. Recommends disability policy, procedural and legislative changes. Coordinates Division operations with SSA bureaus, State agencies, and the Post Office Department.

Division of Evaluation and Authorization, BDI. Reviews State agency determinations of disability in initial claims and in cases involving issues of continuing disability. Reviews district office determinations of nondisability factors

for entitlement to primary or auxiliary disability insurance benefits, and authorizes allowance or disallowance of disability claims. Negotiates issues arising in review of State agency determinations. Adjudicates disability cases excluded from State agency jurisdiction. Recommends disability policy, procedural, and legislative program changes. Evaluates and reports on quality of State agency disability determinations, and provides guidance to assure conformity in initial determinations. Coordinates with the Railroad Retirement Board on disability determinations involving the social security and railroad retirement programs.

Division of Reconsideration, BDI. Reviews disability determinations reconsidered by State agencies in cases where claimants disagree with the initial determination, and approves, revises, or reverses State agency determinations in accordance with authority granted by the Act. Negotiates issues arising in review of State agency disability determinations. Reconsiders disability cases excluded from State agency jurisdiction, and those cases contested for issues other than existence and duration of disability. Removes or waives amounts incorrectly paid to beneficiaries. Analyzes decisions of hearing examiners, Appeals Council, and the courts for impact upon administration of the disability program. Evaluates claims to recommend Administrative position for disability determinations in litigation.

Office of the Regional Representative, Disability Insurance, BDI. Provides direction and leadership for the disability insurance program at the regional level. Reviews and evaluates State agency activities, providing guidance in the substantive program and administrative areas. Reviews State agency budgets. Provides technical direction for disability insurance program operations in the district offices. Coordinates with other SSA regional representatives or with DHEW regional officials concerned with the disability program. Establishes and maintains relationships with professional organizations. Participates in public information activities for the disability program.

Bureau of District Office Operations (BDOO). Provides direction for the operations of a nationwide network of district offices, branch offices, and other facilities which serve as the interface between SSA and the public, and which have responsibility for: Informing the public on the purposes and provisions of Social Security programs, and their rights and responsibilities thereunder; assisting the public in filing claims for retirement, survivors, disability, and health insurance benefits; developing and adjudicating claims; assisting beneficiaries in claiming reimbursement for medical expenses; conducting earnings record, coverage, fraud, and related investigations; making rehabilitation service referrals; issuing Social Security account numbers; assisting claimants in filing appeals from SSA determinations on benefit entitlement or amount; and representing SSA with numerous govern-

mental and private organizations. Participates in legislative planning.

Operations Analysis and Standards Staff, BDOO. Provides the Director with a detailed overview of operations. Initiates or, as directed, conducts special analyses, studies, and investigations. Develops, in concert with Bureau components, criteria for objective measurement of overall Bureau operations. Designs and directs a Bureau-wide program of surveys. Establishes standards for claims processing time and work production rates for field facilities. Receives and evaluates periodic statistical and other management reports, organizing for the Director a comprehensive and coherent picture of operations.

Assistant Bureau Director, Field Operations and Management, Division of Field Operations and Management, BDOO. Provides leadership to regional and district offices throughout the country to assure effective and economical fiscal, personnel, and other management activities. Develops management policies and procedures, assists in their implementation, and appraises their effectiveness. Contributes to the development, appraisal, and modification of SSA management policies and procedures from the viewpoint of administrative feasibility, public reaction, and district office experience. Represents the Bureau in coordinating regional and district office management operations with other SSA components and with outside organizations.

Assistant Bureau Director, Field Organization and Methods, Division of Field Organization and Methods, BDOO. Directs a broad organization and methods program affecting the design and nature of district and branch offices and resident and contact stations throughout the country. Conducts long-range studies leading to improved organizational arrangements and a continuing program of systems analysis and planning. Develops criteria and specifications for the Bureau reports system based on analysis of the need for operational data and information. Participates in a continuing nationwide review of field installation operations and management designed to identify problems and contribute to the overall appraisal of SSA policies and procedures.

Assistant Bureau Director, Operating Policy and Procedure, Division of Operating Policy and Procedure, BDOO. Provides leadership to regional and district offices to assure effective and economical implementation of social security program provisions. Develops operating policies and procedures, assists in the implementation of substantive policies and procedures, and gives assistance to regional offices. Contributes to the development, appraisal, and modification of substantive policy and procedure and legislative program planning from the viewpoint of administrative feasibility and public and district office reaction and experience. Represents the Bureau in coordinating regional and district office operations with other SSA and outside organizations.

Office of the Regional Representative, District Office Operations, BDOO. Serves as focal point of line authority through which management and operational aspects of district office responsibility and performance are supervised and coordinated. Provides leadership, guidance, and direction to from 20 to 80 or more district and branch offices through the principal line officer, the regional representative, and his assistant regional representatives, each of whom is responsible for supervision of a network of 10 to 13 district offices. Ensures consistency of operations with regional and central office policies and procedures.

Bureau of Federal Credit Unions (BFCU). Provides direction for nationwide administration of the Federal Credit Union program. Prescribes standards, procedures, and accounting forms for use by Federal credit unions; establishes Federal credit union rules and regulations; issues manuals and instructional material; and provides advice and technical assistance to credit union officials. Compiles and analyzes financial and statistical data on Federal credit union operations; conducts studies of credit union conditions and trends. Directs a nationwide field organization engaged in chartering, examining, and supervising Federal credit unions. Develops legislative proposals concerning changes in the Federal Credit Union program.

Division of Administration, BFCU. Directs the Bureau's administrative, financial, and personnel management programs. Directs Bureau activities in the areas of: Budget preparation and control; fiscal accounting and auditing for administrative funds, fees, and accounts of liquidated Federal credit unions; records management; property accounting; and services for travel, procurement, time and leave, printing, and supplies. Administers the personnel program of the Bureau, including classification, recruitment, placement, appointment, promotion, and employee relations. Coordinates the Bureau work planning activities.

Division of Examination and Accounting, BFCU. Develops the Bureau's program for the examination of Federal credit unions, and establishes standards and procedures for such examinations. Reviews examination reports and participates in field examinations to assure conformity to and appraise the effectiveness of established policies and procedures. Analyzes all proposed Bureau actions on problem cases, suspensions, and special reserve requirements. Establishes standards and requirements for accounting procedures and forms for Federal credit unions. Coordinates preparation and revision of Examiner's Guide, Accounting Manual, and Supervisory Committee Manual.

Division of Organization and Standards, BFCU. Directs the development of standards, policies, and procedures for: Investigating groups applying for charters to establish Federal credit unions; granting charters; approving bylaws, and charter and bylaw amendments; handling mergers, conversions from State to Federal charters and vice versa, and liquidations. Reviews and analyzes ap-

plication for charters and bylaw and charter revisions, and recommends approval or disapproval. Reviews proposed mergers and conversions for conformity to legal and regulatory requirements. Gives guidance and service to regional offices in the above areas of responsibility.

Division of Statistical Research and Analysis, BFCU. Develops and conducts programs of research in the field of co-operative thrift and credit, with special emphasis on the role of credit unions in the national financial community. Prepares periodic reports on research activities for use of the Bureau, credit union officials, and private groups. Prepares interpretive articles and memoranda on credit union operations. Designs, establishes, and supervises regular data collection programs involving Federal and State-chartered credit union operations in the consumer saving and credit fields. Analyzes financial, statistical, and other call reports from Federal credit unions. Prepares internal management reports. Compiles regional check list and district assignment lists.

Office of the Regional Representative, Federal Credit Unions, BFCU. Directs the execution of all phases of the Federal credit union program in the regions. Conducts regional programs for: Recruitment and development of staff; investigation of applications for proposed new credit unions; examination of the operations of individual credit unions; comprehensive review of examination reports for conformance with policies and procedures, and for accuracy, completeness, and effectiveness; control of shortage, problem, retarded, and liquidation cases; approval or recommendation as to the acceptability of nonstandard accounting systems and forms, and amendments to charters and bylaws; maintenance of effective working relationships with State Credit Union Leagues and State supervisory agencies.

Bureau of Health Insurance (BHI). Provides direction and technical guidance for nationwide administration of the hospital and supplementary medical insurance programs. Develops, recommends, and issues substantive policies, procedures, and interpretations to provide program direction to health insurance administration throughout SSA, and in State agencies and intermediaries. Develops and modifies, in cooperation with other Governmental agencies, conditions of participation for providers of services. Develops principles for reimbursing providers for their costs, and criteria for determining charges for physicians and related medical services. Negotiates agreements and contracts with, and monitors performance of State agencies and intermediaries in administering certain health insurance provisions. Reimburses providers that choose to receive payment directly from SSA. Appraises the quality and effectiveness of health insurance administration. Conducts liaison with medical and other professional groups. Participates in legislative planning.

Office of the Chief Medical Officer, BHI. Advises the Bureau on professional

medical aspects of the overall administration of the Health Insurance for the Aged program. Maintains liaison with leadership of professional organizations representing the medical community in the United States to promote understanding of program objectives and to improve program cooperation.

Assistant Bureau Director, Intermediary Operations, Division of Intermediary Operations, BHI. Establishes qualification standards, guidelines, and procedures for the selection of intermediaries. Negotiates, renegotiates, and recommends termination of contracts with intermediaries. Reviews, evaluates, and approves intermediaries' operating budgets and requests for advance of funds; maintains continuing control of amounts expended; and establishes intermediary reporting procedures. Reviews and evaluates the effectiveness of intermediaries' performance through analysis of reports, audit reports, and comprehensive surveys. Participates in the development of policies and procedures for audits of intermediaries. Serves as the primary center for intermediary-SSA communication. Assists intermediaries in resolving program and operating problems. Coordinates activities of intermediaries with the Administration.

Assistant Bureau Director, Management, Division of Management, BHI. Develops, coordinates, and implements a total management program for the Bureau. Provides management analysis services, and plans and operates the financial management program. Conducts programs for manpower selection and placement, employee development, fair employment, employee-management relations, position control, and manpower utilization. Develops and issues internal administrative communications. Provides project control, problem area reporting, coordination of Bureau work planning activities, management information (including collection and preparation of operating data), administrative services for advisory groups, and a variety of administrative support services. Receives, controls, analyzes, and answers inquiries about the health insurance program.

Assistant Bureau Director, Policy and Standards, Division of Policy and Standards, BHI. Develops, issues, and appraises policies concerning: The entitlement of individuals to and enrollment for health insurance coverage; coverage of health services, benefit amounts, coverage periods, and supplementary medical insurance premiums; and intermediaries' and providers' participation and transfer agreements. Provides leadership in the development of health insurance policies and procedures for: Determinations, reconsiderations, appeals, disclosure of information, and detection and handling of fraud. Provides leadership in the development of conditions of participation for providers and independent laboratories. Prepares specifications for regulations. Furnishes technical services in connection with appeals, and to advisory groups.

Assistant Bureau Director, State Operations, Division of State Operations,

BHI. Establishes and maintains relationships with State agencies for certification of providers and independent laboratories. Negotiates agreements with State agencies. Conducts training sessions with regional offices, State, and local agencies. Participates in developing conditions of participation for providers of services, and provides instructions and procedures for certification, recertification, and reconsideration. Reviews and evaluates State agency and regional office application of conditions of participation. Directs and evaluates application of the emergency services provision of the law. Establishes fiscal policy for State agency operations, and reviews and approves State agency operating budgets. Provides for expenditure reporting. Reviews all provider certification reconsideration decisions.

Assistant Bureau Director, Systems, Division of Systems, BHI. Directs the development and issuance of specifications, procedures, and other instructional material to implement and maintain operational systems applicable to: Intermediaries, providers, and other suppliers of services; the enrollment and eligibility of beneficiaries, their notification as to utilization of services, and the collection of premiums; and methods for direct reimbursement of providers where applicable. Assures effective coordination with all major operational components. Evaluates the total system in terms of processing time, accuracy, cost and service. Plans, conducts, and evaluates studies aimed at long-range improvements in systems, methods, and procedures. Coordinates issuance of all instructions to intermediaries and providers.

Assistant Bureau Director, Reimbursement, Division of Reimbursement, BHI. Develops, issues, and appraises accounting principles, policies, and procedures for determining reasonable cost of services of physicians and others under the hospital insurance program, and for establishing reasonable charges for services of physicians and others under the supplementary medical insurance program. Establishes and maintains liaison with key representatives of professional organizations in the field of provider and medical insurance reimbursement. Works with DHEW Audit Agency in developing audit programs and guides for provider audits. Provides consultative, claims authorization, and auditing services for direct dealing providers.

Office of the Regional Representative, Health Insurance, BHI. Represents the Bureau on a regional level. Coordinates, reviews, and evaluates provider certification and recertification activities of State agencies, and approves provider agreements. Advises intermediaries on claims operations. Participates in the evaluation of intermediary activities. Coordinates health insurance activities of intermediaries, State agencies, SSA components, State welfare agencies, and other organizations. Negotiates State "buy-in" agreements. Establishes and maintains relationships with professional organizations, and participates in public information activities for the health in-

insurance program. Evaluates operations of the health insurance program in the region, and participates in policy development and administrative planning.

Bureau of Hearings and Appeals (BHA). Provides broad direction to the SSA appeals process. Directs a nationwide organization of hearing examiners engaged in conducting independent, impartial hearings and in making decisions on appealed determinations involving retirement, survivors, disability, or health insurance. Performs a central review of appealed hearing examiner decisions and renders the Secretary's final decision. Develops operating instructions to assist the hearing examiners and to assure fair hearings. Conducts liaison with other components of SSA and the Department, and with other governmental, professional, and private organizations.

Appeals Council, BHA. Reviews hearing examiner decisions on motion of appellants or on its own motion. Examines case records, obtains additional evidence, hears testimony, and renders a written decision or order which is the Secretary's final decision on cases accepted for review. Recommends whether to request remand of the Secretary's final decisions appealed to the courts. Obtains additional evidence and prepares supplemental decisions on remanded cases. Recommends whether an appeal should be taken to a higher court on court reversals of Secretary's decisions.

Medical Advisory Staff, BHA. Provides consultative services to the Appeals Council and other Bureau components in the evaluation of disability. Plans and conducts continuing medical training of Bureau staff. Negotiates for the services of medical specialists to serve as advisors to hearing examiners and regional hearings representatives. Provides leadership and guidance in stimulating effective utilization of medical advisors through a continuing liaison program with medical advisors, regional hearings representatives, and hearing examiners. Participates in the formulation of medical policies used in the evaluation of disability. Maintains liaison with medical groups to promote program understanding and to keep abreast of disability evaluation developments.

Division of Administration, BHA. Directs the Bureau's administrative, financial, and personnel management programs. Provides a variety of management services. Directs Bureau activities in the areas of: Management studies and analysis; reports and directives management; work planning; work reporting and measurement; budget development and execution; fiscal operations; recruitment, appointment, placement, classification, position management, employee development, and employee-management relations; supply, equipment, and contract procurement; property and records management; central docket and files; stenographic, clerical, transcribing, and typing services; duplicating, mail, and distribution services to the central office. Controls priority inquiries and replies, including congressional, and prepares replies.

Assistant Bureau Director, Field Operations, Division of Field Operations, BHA. Administers a nationwide organization of hearing examiners engaged in conducting impartial and independent hearings, and in rendering decisions on appeals by claimants from original determinations involving retirement, survivors, disability, or hospital insurance benefits, as well as appeals from institutions with respect to their right to participate in the health insurance program. Provides administrative direction and substantive guidance to the field organization, consisting of regional hearings representatives, hearing examiners, and supporting staffs. Develops and executes technical orientation and training for all field personnel. Issues manuals and other directives for field office operations. Conducts field surveys, research, and analysis of field hearings activities. Coordinates Bureau field activities, and conducts liaison with governmental and private agencies.

Assistant Bureau Director, Program Operations, BHA. Develops, issues, and appraises operating instructions for hearing examiners to provide basic information and promote fair hearings. Provides advice and assistance to the Appeals Council and other Bureau officials on complex issues and national policies concerning the hearings and appeals process. Provides centralized staff review of hearing examiner decisions to assist the Appeals Council in deciding whether to assume jurisdiction. Analyzes cases and recommends Appeals Council action on appealed claims and litigated cases. Identifies problem areas and makes recommendations for improving the hearings and appeals process. Develops regulations to implement procedural changes. Participates in development of rulings and legislative planning.

Office of the Regional Hearings Representative, BHA. Represents the Bureau on a regional level. Administers regional programs for the conduct, by hearing examiners, of impartial and independent hearings, and the rendering of decisions on appeals by claimants contesting determinations as to retirement, survivor, disability, or hospital insurance benefits; and institutions contesting determinations as to their status with regard to the health insurance program. Provides substantive guidance and administrative direction to the hearing examiners and their supporting staffs. Coordinates operations and administrative activities with DHEW regional offices, State agencies, and others. Conducts periodic inspections of the hearing and appeals offices, which serve as centers of operations for hearing examiners.

Bureau of Retirement and Survivors Insurance (BRSI). Provides direction and technical guidance for nationwide administration of the retirement and survivors insurance program. Develops, recommends, and issues substantive policies, procedures, and interpretations to provide program direction to retirement and survivors insurance administration, and to processes and issues common

to several Social Security programs. Issues Social Security Rulings, Regulations, Compilation of Social Security Laws, and Social Security Handbooks. Appraises the quality of retirement and survivors insurance program administration. Negotiates agreements with States for coverage of State and local government employees. Directs administration of six payment centers responsible for review and authorization of retirement and survivors claims, health insurance entitlement, SMI premium collection, certification of benefit payments, and maintenance of retirement and survivors insurance beneficiary rolls. Directs administration of Social Security programs abroad. Participates in legislative planning.

Assistant Bureau Director, Administration, BRSI. Directs the Bureau's management programs, including: Fiscal management, organization and staffing analysis and planning, personnel management, equal employment opportunity and union-management relations, paper-work management, resources and facilities management, and employee development. Directs the Bureau's long range management planning, including: Evaluation of long range systems requirements for payment center operations and management; integration of Bureau planning with SSA planning; and the Bureau's management and operations analysis activities. Directs the administration of program operations in foreign countries, including the central processing of foreign claims.

Division of Foreign Claims, BRSI. Administers the social security programs in foreign countries. Develops, adjudicates, and authorizes claims filed by persons living in foreign countries, and determines their continuing eligibility. Establishes and evaluates foreign claims program policies, procedures, and operations, recommending changes or modifications. Provides centralized translation services for SSA. Provides SSA liaison and coordination with DHEW, the Department of State, other Federal agencies, agencies of foreign governments, and private organizations.

Assistant Bureau Director, Appraisal, BRSI. Directs the development of criteria, techniques, and systems for appraising the effectiveness of the retirement and survivors insurance program administration. Directs a continuing appraisal of the applications of and compliance with retirement and survivors insurance policies and procedures. Identifies problem areas and deficiencies in policies, policy applications, methods, and procedures. Evaluates the effectiveness of retirement and survivors insurance-work processes and operations, and the quality of the claims process.

Division of Administrative Review, BRSI. Conducts a continuing appraisal of the application of and compliance with policies and procedures in all phases of the retirement and survivors insurance claims process, and the quality of results achieved. Analyzes data flowing from the appraisal activities performed in the BRSI Regional Offices. Identifies problem areas and deficiencies in policies, policy

application, methods, and procedures, and recommends corrective action. Provides advice and assistance to other components of the Bureau and SSA concerning the interpretation and application of appraisal findings and recommendations.

Division of Appraisal Systems, BRSI. Develops criteria and techniques for appraising the application of and compliance with policies and procedures in all phases of the retirement and survivors insurance claims process and the quality of results achieved. Develops and installs systems for collecting and recording data pertinent to appraisal programs. Identifies critical work stations for which quality and/or processing time data is to be obtained. Furnishes advisory and consultative services to the Regional Representatives, RSI, concerning their appraisal activities, and coordinates appraisal systems development with other SSA components engaged in related activities.

Assistant Bureau Director, Claims Policy, BRSI. Directs the development, evaluation, and promulgation of all technical policies and substantive procedures of the retirement and survivors insurance program as well as those common to all social security benefit programs. Coordinates policies and procedures common to all social security programs. Directs the development and issuance of implementing instructions and materials and technical informational materials. Directs negotiations for coverage of State and local government employees.

Division of Benefit Continuity, BRSI. Establishes and evaluates policies, substantive instructions, interpretations, and other material concerning: Retirement provisions applying to eligibility to receive benefit payments; withholding of benefits in domestic and certain foreign cases; recovery, adjustment, or waiver of overpayments; underpayments; confidentiality of information; selection of, and use of benefits by representative payees; problems concerning benefit checks; fraud or potential fraud in any aspect of program operations, and recommendations for prosecution. Participates in legislative planning, and in negotiation and coordination within the Department, with Federal agencies having responsibility for related work areas, and with other interested private or governmental organizations.

Division of Coverage, BRSI. Establishes and evaluates policies, substantive instructions, interpretations, and other material concerning coverage of employment. Studies and develops provisions relating to agricultural and domestic labor, nonprofit organizations, and State and local government employment; wages and wage exceptions; self-employment (including provisions relating to trade or business, and tax computations); statutes of limitations; and miscellaneous exceptions. Participates in legislative planning, and in negotiation and coordination within the Department, with Federal agencies having responsibility for related work areas, and with other interested private or governmental organizations.

Division of Entitlement, BRSI. Establishes and evaluates policies, substantive instructions, interpretations, and other material relating to: Applications for all types of benefits; insured status; computation and recomputation of benefits; effect of periods of disability; coordination and integration of social security programs with military service and with railroad retirement; proofs for such factors of entitlement as age, relationship, and support; and provision for reconsideration and appeal of determinations.

Participates in legislative planning, and in negotiation and coordination within the Department, with Federal agencies having responsibility for related work areas, and with other interested private and governmental organizations.

Division of Technical Services, BRSI. Coordinates the development, clearance, and publication of retirement and survivors insurance program procedures, substantive instructions, and related materials. Develops and appraises instructional media, claims forms, and clearance methods. Plans and coordinates the issuance of Social Security Rulings. Develops, coordinates, and appraises publication of the Social Security Handbook, Compilation of the Social Security Laws, and related issuances. Coordinates the preparation of SSA Regulations for approval by the Secretary and for publication in the FEDERAL REGISTER. Maintains files of precedent materials. Participates in legislative planning.

Assistant Bureau Director, Liaison, and Coordination, BRSI. Directs the review and evaluation of payment center operations and management to identify current and rapidly emerging problems requiring quick executive action or special executive attention. Facilitates two-way communication between the Bureau Director and Regional Representatives. Coordinates overall Bureau headquarters-payment center relationships and activities. Performs special assignments for the Bureau Director, especially those of urgent concern or a highly sensitive nature.

Assistant Bureau Director, Methods and Procedures, Division of Methods and Procedures, BRSI. Directs the evaluation and establishment of new or revised operating policies and procedures, and the review of existing policies and procedures to improve the execution of the claims processing, benefit payment benefit accounting, and supplementary medical insurance premium collection programs of the payment centers. Directs the evaluation of system changes, legislative proposals, and data requests for their impact on payment center methods and procedures. Coordinates the Bureau's operating procedures with other SSA components and Federal agencies having responsibility in related work areas. Coordinates the integration of internal EDP, clerical, and manual procedures with SSA-wide EDP operations.

Office of the Regional Representative, Retirement, and Survivors Insurance (Payment Center), BRSI. Reviews and

authorizes or disallows claims for retirement and survivors insurance benefits. Certifies to the Department of the Treasury the benefit amounts payable. Determines when payments should be terminated, suspended, continued, and increased or reduced in amount. Reconsiders determinations on initial claims and continuing eligibility. Receives, records and deposits supplementary medical insurance premiums. Provides technical direction on the retirement and survivors insurance program to other SSA components in the region, and appraises the quality of determinations and adequacy of retirement and survivors insurance program policies. Coordinates activities with the Treasury and Post Office Departments, Veterans Administration, and Railroad Retirement Board.

8-C. Order of succession. During the absence or disability of the Commissioner of Social Security, or in the event of a vacancy in that office, the Deputy Commissioner shall act as Commissioner. During the absence or disability of both the Commissioner and Deputy Commissioner, an official designated by the Commissioner shall act as Commissioner.

8-D. Delegations of authority—1. Delegations of authority to the Commissioner of Social Security. Except as provided in paragraph 2 of this section and Part 3 and section 8-E of this Statement, the Commissioner of Social Security shall exercise:

a. The functions vested in the Secretary under Title II of the Social Security Act, as amended (42 U.S.C. 401-429), except that the authority conferred by subsection 222(d), as amended, shall be exercised in cooperation with the Social and Rehabilitation Service as described in Part 1 of this Statement; under Title VII and XI of the Act, as amended (42 U.S.C. 902-907, 1301-1321), except insofar as the provisions of such titles pertain to the Mission of the Social and Rehabilitation Service as described in Part 7 of this Statement; under Title XVIII of the Act, as amended (42 U.S.C. 1395-1395I), with appropriate advice from and consultation with the Public Health Service and Social and Rehabilitation Service as described in Part 1 of this Statement; section 1110 of the Social Security Act, as amended (42 U.S.C. 1310), insofar as such section pertains to the Mission of the Social Security Administration as described in section 8-A of this Statement; and under sections 1402(h), 3121 (k) and (l) of the Internal Revenue Code of 1954, as amended (26 U.S.C. 1402(h), 3121 (k) and (l)).

b. The functions vested in the Secretary relating to the Mission of the Social Security Administration, as described in section 8-A of this Statement, under the Social Security Act which are not contained in the Act but which are contained in the Acts cited in Exhibit X8-2.

c. The functions vested in the Secretary by section 5(K)(2) of the Railroad Retirement Act, as amended (45 U.S.C. 228e), having to do with the determination and certification for the transfer of funds between the Federal Old-Age and Survivors Insurance Trust Fund, the

Federal Disability Insurance Trust Fund, the Federal Hospital Insurance Trust Fund, and the Railroad Retirement Account.

d. Authority vested in the Secretary by letter dated September 1, 1960, to the Secretary of the Treasury from the Director, Bureau of the Budget, authorizing the carrying out of programs under section 104(E) of the Agricultural Trade Development and Assistance Act of 1954, as amended, insofar as this authority pertains to the Mission of the Social Security Administration as described in section 8-A of this Statement; provided that this authority shall be exercised in accordance with applicable policies and procedures established by appropriate authorities to ensure consistency with basic foreign policy and with related Federal programs.

e. Authority vested in the Secretary by section 4 of Public Law 86-610, approved July 12, 1960 (74 Stat. 364) with respect to responsibilities relating to the Mission of the Social Security Administration as described in section 8-A of this Statement; provided that this authority shall be exercised in accordance with applicable policies and procedures established by appropriate authorities to ensure consistency with basic foreign policy and with related Federal programs.

2. *Delegations of authority to the Bureau of Hearings and Appeals.* In accordance with applicable rules and regulations, the Appeals Council, its members, and Hearing Examiners in the Bureau of Hearings and Appeals, shall exercise all duties, powers, and functions of the Secretary relating to the holding of hearings, the administration of oaths and affirmations, the issuance of subpoenas, the examination of witnesses, the receipt of evidence, the rendition of decisions, and the review of decisions in connection with administrative appeals:

a. By individuals from determinations made under Title II of the Social Security Act, as amended, and affecting their rights to benefits, lump sum payments, earnings credited to accounts, and disability determinations;

b. By individuals from determinations made under Title XVIII of the Social Security Act and affecting their rights to, and amounts of, benefits;

c. By institutions or agencies from determinations described in section 1869(c) of the Social Security Act; and

d. By independent laboratories from determinations made pursuant to section 1861(s) of the Social Security Act, as amended, that they do not meet the conditions for coverage of their services.

3. *Delegations of authority to the Bureau of Federal Credit Unions.* The functions, powers, and duties of the Bureau of Federal Credit Unions under the Federal Credit Union Act, as amended (Public Law 86-354; 12 U.S.C. 1751-1772), shall be exercised by the Director of the Bureau of Federal Credit Unions under the general direction and supervision of the Commissioner of Social Security.

8-E. *Reservations of authority.* 1. The Secretary shall serve as a member of the Board of Trustees of the (1) Federal Old-Age and Survivors Insurance Trust Fund, (2) Federal Disability Insurance Trust Fund, (3) Federal Hospital Insurance Trust Fund, and (4) Federal Supplementary Medical Insurance Trust Fund. During the absence of the Secretary, the Under Secretary or the Assistant Secretary for Legislation shall serve. During the absence or disability of the Secretary, the Under Secretary, and the Assistant Secretary for Legislation, the Commissioner of Social Security shall represent the Secretary.

2. Authority conferred by sections 218(j), 706, 1813(b)(2), 1839(b)(2), and 1867 of the Social Security Act, as amended, shall be exercised only by the Secretary.

3. Authority to terminate agreements with States entered into pursuant to section 1864 of the Social Security Act, as amended, shall be exercised only by the Secretary.

4. Authority contained in subparagraph 8-Dic of this Statement may be redelegated only to the Deputy Commissioner of Social Security.

5. Authority conferred by section 218(g)(2) of the Social Security Act, as amended, shall be exercised only by the Commissioner and Deputy Commissioner of Social Security. Notwithstanding such limitation, the Commissioner may redelegate the authority to terminate an agreement with respect to one or more coverage groups in any case where a State waives the required notice and hearing provided in section 218(g)(2) of the Act, as amended, and consents to the removal of a group or groups from the agreement because the group(s) is dissolved, or is no longer legally able to function although not legally dissolved.

6. Authority conferred by section 218(s) of the Social Security Act, as amended, shall be exercised only by the Commissioner of Social Security. Notwithstanding such limitation, the Com-

missioner may redelegate the authority to grant, upon application by a State and for "good cause" shown, extensions of the time allowed for filing additional information or argument in connection with a request for review filed pursuant to section 218(s).

7. Authority conferred by section 1866(d) of the Social Security Act, as amended; to withhold payment for inpatient hospital services or for post-hospital extended care services for failure to make timely utilization reviews, shall be exercised only by the Commissioner and Deputy Commissioner of Social Security.

8. Authority conferred by sections 1816(b) and 1842(b)(2) of the Social Security Act, as amended, where the determination is that an agency, organization, or carrier will be unable to carry out the terms of an agreement (contract), shall be exercised only by the Commissioner of Social Security.

9. Authority conferred by sections 1816(e)(2) and 1842(b)(4) to terminate an agreement (contract) with an agency, organization, or carrier shall be exercised only by the Commissioner of Social Security: *Provided further*, That he shall exercise such authority only after

a. Such agency, organization, or carrier has been given an opportunity to request (within such time as is provided for by regulations) the Secretary to review the Commissioner's conclusions and findings and, where such request is made.

b. The Secretary has declined to review or has concurred in the Commissioner's proposal to terminate such agreement (contract).

10. Agreements and modifications of agreements under section 218, 221(b), 1816(a), 1842(a), 1843(a), 1864(a), 1866(a), or 1874 of the Social Security Act, as amended, shall be reviewed by the Office of the General Counsel for legal form and substance.

8-F. *Redelegation of authority.* Unless otherwise stated, authority delegated in section 8-D of this statement may be redelegated.

EXHIBIT NS-1

SOCIAL SECURITY ADMINISTRATION
PERMANENT OFFICES

	Type of office	Address	ZIP code
Alabama:			
Andalusia	Branch Office	408 South Three-Notch St., Post Office Drawer 47	36420
Anniston	District Office	307 East 13th St., Post Office Box 98	36201
Bessemer	do	118-18th St. North	35020
Birmingham	do	212 8th Ave. North	35203
	Hearings and Appeals	908 South 20th St.	35205
	Payment Center	3d Ave. and 23d St.	35203
Decatur	District Office	400 Wells St. NE., Post Office Box 489	35601
Dothan	do	100 West Troy St., Post Office Box 2107	36031
Florence	do	412 South Court St., Post Office Box 776	35630
Gadsden	do	201 College St., Post Office Box 950	35902
Huntsville	do	218 Whitesburg Dr. South, Post Office Box 1488	35897
Mobile	do	218 St. Francis St., Post Office Box E	36601
	Hearings and Appeals	118 North Royal St.	36602
Montgomery	District Office	474 South Court St., Post Office Box 4010	36104
Opelika	Branch Office	415 First Ave., Post Office Box 2117	36801
Selma	District Office	908 Alabama Ave.	36701
Talladega	Branch Office	138 North Court St., Post Office Box 288	35160
Tuscaloosa	District Office	615 Queen City Ave.	35401
Alaska:			
Anchorage	Branch Office	617 G St.	99501
Juneau	District Office	700 West 9th St., Post Office Box 1327	99801
Arizona:			
Phoenix	do	1300 North Central Ave., Post Office Box 13118	85002
	Hearings and Appeals	3033 North Central Ave.	85012

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Office of the Secretary

SOCIAL SECURITY ADMINISTRATION

Statement of Organization, Functions, and Delegations of Authority

Part 8 (Social Security Administration) of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health, Education, and Welfare (33 F.R. 5828 et seq., Apr. 16, 1968) is hereby amended as follows:

8-B *Assistant Bureau Director, Intermediary Operations, Division of Intermediary Operations* (BHI) through the *Office of the Regional Representative, Health Insurance* (BHI) is superseded by the following:

Deputy Bureau Director, Program Policy (BHI). Provides national leadership and executive direction in initiating, developing, promulgating and interpreting Medicare program policies, standards and directives. This includes: Substantive policies relating to services provided by hospitals, extended care facilities, home health agencies, physicians (including provider-based and teaching physicians), and other suppliers of services; policies for reimbursement under the medical insurance program; provider reimbursement and accounting policies and procedures and technical policies on eligibility requirements for beneficiaries, nonmedical coverage exclusions, hearings and appeals, deductibles and coinsurance, etc. Sets standards for and coordinates the issuance of HI program-related manuals, policy directives and other instructional issuances. Ensures that inter-related policy areas are meshed into well-coordinated overall policies for the Medicare program. Provides Bureau leadership in developing legislative proposals and considering and making recommendations to the Bureau Director on issues concerning national health care administration and financing.

Division of Provider and Medical Services Policy (BHI). Develops, evaluates and maintains policies for the coverage of Medicare services; policies for reimbursing physicians (including provider-based and teaching physicians) and other suppliers of services under the medical insurance program; and standards and criteria for use by intermediary personnel in adjudicating claims submitted for payment. Studies and evaluates existing policies to determine their effectiveness and develops new or revised policies where necessary. Prepares guidelines for regional office review of intermediary performance in applying reasonable charge criteria.

Division of Provider Reimbursement and Accounting Policy (BHI). Develops, evaluates and maintains policies for reimbursement of reasonable costs of Medicare providers and related accounting policies and procedures. Maintains liaison on reimbursement policy and ac-

counting with the American Institute of Certified Public Accountants, intermediary advisory groups, the American Hospital Association and others. Develops and maintains a provider cost analysis program. Determines the nature and extent of deviations by intermediaries from the reasonable cost concept of provider reimbursement and recommends appropriate corrective action. Evaluates the propriety of intermediaries' interpretations of reimbursement principles.

Division of Technical Policy (BHI). Develops, evaluates and maintains policies pertaining to technical and nonmedical program issues such as beneficiary eligibility, deductibles and coinsurance, overpayments, nonmedical exclusions from coverage, etc.; and policies and procedures for reconsiderations, hearing and appeals. Coordinates the development of specifications for health insurance regulations. Develops standards, coordinates and arranges for the issuance of all HI program-related manual and instructional issuances. Prepares the Bureau's case and represents it at hearings involving determinations on provider participation and other administrative determinations.

Deputy Bureau Director, Program Operations (BHI). Provides national leadership and executive direction for Medicare operating systems and program operations involving contractual relationships with intermediaries and carriers and the certification of Medicare providers through State agencies. Develops and monitors systems, methods and procedures for Medicare program operations, including systems involving intermediaries, carriers, providers, and other suppliers of services, enrollment and collection of premiums from beneficiaries, State buy-in and group premium operations. Develops and maintains conditions of participation for providers of services. Directs negotiation of agreements with State agencies for certifying providers and directs the administrative and fiscal relationships with these agencies. Directs the Bureau central and regional administrative and fiscal relationships with intermediaries and carriers including the development of administrative and fiscal policies, procedures and controls relating to contractor operations; preparing the national contractor budget and developing the contents of national subcontracts. Maintains relations with national contractors (Blue Cross Association, Travelers Insurance Co., Railroad Retirement Board, etc.). Provides Bureau leadership in considering and making recommendations to the Bureau Director on issues concerning national health care administration and financing. Takes part in development of legislative proposals.

Division of Contractor Operations (BHI). Develops regulations, policies and procedures for the selection of intermediaries and carriers. Develops and evaluates the terms of intermediary and carrier contracts; policies and procedures regarding contract renewals; and criteria for the approval of subcontracts. Develops, evaluates and maintains fiscal

and operating policies, standards and instructions for contractor performance, and guidelines for regional office administrative and financial management relationships with contractors. Conducts the Bureau's relations with the Blue Cross Association and other national contractors. Formulates the national budget for contractor operations. Develops a program for analysis of contractor operations and analyzes the effectiveness of contractor operations on a national basis.

Division of State Operations (BHI). Develops and evaluates the contents of State agency agreements. Develops, evaluates and maintains policies, standards and instructions for State agency administrative and fiscal activities, and guidelines for the regional office relationships with State agencies and regional office review of State agency operations. Formulates the national budget for State agencies. Develops the conditions of participation for providers of services; develops and maintains policies and procedures for provider certification. Reviews and evaluates the provider certification process. Coordinates Bureau activities related to title XIX. Controls the processing of emergency services claims. Reviews regional office decisions on HEW Audit Agency audit exceptions of State agencies and approves sensitive audit exceptions.

Division of Systems (BHI). Directs the development and issuance of specifications, procedures, and other instructional material to implement and maintain operational systems for intermediaries, carriers, providers and other suppliers of services; the enrollment and eligibility of beneficiaries, their notification as to utilization of services, and the collection of premiums. Within the framework of overall SSA systems planning, prepares general systems plans and develops requirements for the detailed design and programming for model systems used by intermediaries and carriers. Plans, conducts, and evaluates studies aimed at long-range improvements in systems, methods, and procedures.

Assistant Bureau Director, Program Review (BHI). Provides national leadership and executive direction for the review and evaluation of the Medicare program. Is responsible for assessing the extent to which program objectives are being met and how they might be better met. Evaluates the performance of all Bureau components, including regional office surveillance of contractor and State agency operations. Develops and manages a national program to prevent, detect, and document fraud and program abuse situations and assure appropriate follow-through actions, and to validate the effectiveness of Bureau policies, procedures, and screening techniques. Identifies patterns and trends of aberrant payments for health services and appropriately refers identified problems. Develops and negotiates techniques for determining the amount of and means to recover overpayments to institutional providers, physicians, and other suppliers of services. Appraises the provider audit

program, as to resources, costs, effectiveness, etc., and the responsiveness of the program to the Bureau's requirements. Considers and evaluates alternatives to the existing audit program.

Advisory Groups Staff (BHI). Provides technical program support and staff services for the Health Insurance Benefits Advisory Council, its subcommittees and other health insurance advisory bodies. Coordinates BHI legislative activity in connection with Congressional and other activities in connection with Congressional hearings in which the Bureau is involved. Drafts the annual report on Medicare. Obtains information for special projects from components throughout BHI, SSA and DHEW and prepares necessary presentations.

Appraisal Staff (BHI). Appraises the Medicare program. Examines the extent to which program objectives are being met and how they might be better met. Evaluates the quality and effectiveness of program administration, program regulations, policies, procedures and operating systems. Serves as Bureau focal point for audit liaison with the Office of Administration and is responsible for coordinating the preparation and assuring the appropriateness of the Bureau's replies to GAO and HEW Audit Agency reports.

Program Evaluation Staff (BHI). Develops policies and procedures for ensuring the integrity of the health insurance program, including the detection of potential fraud and program abuse situations and improving contractor and regional office program integrity activities. Coordinates the Bureau's program integrity activities, including the review of and referral to the Office of Administration and/or the Office of General Counsel of fraud and program abuse cases referred by the regional offices. Develops a program to validate the effectiveness of Bureau policies, procedures, screening techniques, etc., including a system for the acquisition and analysis of operational data to identify aberrant providers. Provides leadership and technical direction to and develops guidelines for the use of regional offices in conducting on-site validation reviews. Conducts selected on-site validation reviews of critical or sensitive cases, to evaluate regional office performance and to maintain the expertise necessary to direct Medicare validation activities.

Provider Audit Program Appraisal Staff (BHI). Evaluates the provider audit program (including postreview of completed cost settlements) in terms of resources employed, costs incurred, degree of effectiveness and the responsiveness of the program to Bureau requirements. Considers and evaluates provider audit program alternatives.

Recovery Staff (BHI). In unusually sensitive or complex cases, develops the amount of overpayment to providers, physicians and other suppliers of services. Negotiates with providers, physicians and other suppliers as to the acceptability of the statistical and sampling

techniques used to determine the amount of the overpayment and negotiates the method of repayment. Provides consultation to other governmental components (including Department of Justice) where resort to the courts is necessary to recover an overpayment.

Assistant Bureau Director, Central Operations (BHI). Provides national leadership and executive direction for a variety of the Bureau's centralized staff and operating functions. Directs SSA's function as the intermediary for a nationwide mix of direct-dealing providers and group practice prepayment plans. Directs the Bureau's experimentation and demonstration projects programs, including the incentive reimbursement experimentation program. Makes determinations on intermediaries' decisions for all Part A claims where the beneficiary or his representative has requested reconsideration. Reviews overpayment cases involving beneficiaries to determine the amount of overpayment and completeness of documentation. Plans, directs and coordinates the BHI health insurance inquiries program. Plans, develops, coordinates and conducts a comprehensive program to establish and maintain effective professional relations with individuals and organizations in the health community. Develops, coordinates and implements a total management program for the Bureau, including Bureau-wide organization planning, operational planning and other management analysis functions; internal Bureau financial management; manpower selection and placement; employee development; manpower utilization and administrative services.

Division of Direct Reimbursement (BHI). Plans, directs, coordinates and performs the examination, review, authorization or disallowance, and determination on payments of bills submitted by direct-dealing providers and group practice prepayment plans. Develops methods and procedures for processing the bills of direct-dealers. Directs and coordinates liaison and communication as needed by direct-dealers on all aspects of the health insurance program. Collaborates and follows up with other BHI and SSA components, as necessary, on problems involving direct-dealing providers determines the methods, procedures, policies and reimbursement formulas for current payments to direct-dealing providers, and the amounts, methods and frequency of retroactive adjustments. Analyzes cost reports from direct-dealing entities to validate aggregate costs previously reimbursed and, as part of a continuing audit program, to determine final program liability for specific accounting periods.

Division of Management (BHI). Develops, coordinates, and implements a total management program for the Bureau, including Bureau-wide organization planning and other management analysis functions, internal Bureau financial management, manpower selection and placement, employee develop-

ment, position control and manpower utilization. Develops and issues Bureau-wide administrative directives. Provides Bureau-wide project control, problem area reporting, coordination of Bureau operational planning activities, management information and a variety of administrative support services.

Division of Special Operations (BHI). Makes determinations to affirm or reverse intermediaries' decisions on all Part A claims on which a beneficiary or his representative has requested reconsideration. Reviews liability and the amount of overpayment in individual beneficiary overpayment cases, and refers case files to the proper components for appropriate action. Plans, directs and coordinates the BHI inquiries analysis program, including responses to complex health insurance inquiries and analysis of inquiries to determine trends in Congressional and public thinking. Reports trends to top management. Directs the Bureau's experimentation and demonstration projects programs, including the incentive reimbursement experimentation program. Coordinates with related experimentation activities of other DHEW components, e.g., Public Health Service. Conducts studies of non-governmental reimbursement programs and management controls which show promise of cost containment.

Professional Relations Staff (BHI). Plans, develops, coordinates, and conducts a comprehensive program to establish and maintain effective professional relations with individuals and organizations in the health community. Participates with the Office of Public Affairs in the preparation of information for professional organizations and professional media covering the administration, operations and provisions of the health insurance program.

Office of the Regional Representative, Health Insurance (BHI). Represents the Bureau on a regional level. Assures effective administration of the Medicare program through day-to-day liaison, coordination, and continuing appraisal of Medicare contractors, State agencies, direct-dealing providers, State buy-in agencies, district offices, providers of services and other organizations and individuals involved in Medicare operations. Insures that SSA policies and procedures are implemented, initiates action to resolve problems and reports problems and trends needing national attention to central office. Conducts in-depth surveys to evaluate the health insurance program including contractor performance appraisals, program validation studies, and participation in State agency and district office comprehensive reviews. Directs and participates in program integrity activities in the region. Develops and implements a professional relations program for the region. Reviews, evaluates and approves (within limits of delegated authority) a variety of actions such as full renewal of intermediary and carrier contracts, certain subcontracts, budget actions and annual settlements, State

agency agreements, provider agreements and terminations, State agency budgets, and State buy-in agreements.

(Sec. 6 Reorganization Plan No. 1 of 1953)

Dated: February 17, 1971.

RODNEY H. BRADY,
Assistant Secretary for
Administration and Management.

By: RONALD BRAND,
Deputy Assistant Secretary
for Management Systems.

[FR Doc. 71-2560 Filed 2-24-71; 8:49 am]

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Center for Disease Control

NOTICE OF MEETINGS

The Director, Center for Disease Control announces the meeting dates and other required information for the following National Advisory bodies scheduled to assemble during the month of September 1973.

Committee name	Date, time, place	Type of meeting and/or contact person
Safety and Occupational Health Study Section	Sept. 13-14, 9:00 a.m., Parklawn Bldg., 5600 Fishers Lane, Rockville, Md.	Open—9:00 a.m.—2:35 p.m. on Sept. 13. Closed—remainder of meeting. Contact Dr. John F. Bester, Room 9A-16, Parklawn Bldg., 5600 Fishers Lane, Rockville, Md. Code 301-445-4483

Purpose: The committee is charged with the initial review of research, training, demonstration, and fellowship grant applications for Federal assistance in programs areas administered by the National Institute for Occupational Safety and Health, and with advising the Institute staff on training and research needs.

Agenda: From 9:00 a.m. to 2:35 p.m. on September 13, the Study Section will be open for administrative and staff reports, current status of support for training, NIOSH manpower development plans, occupational medicine residence support, retention of existing training programs and stimulation of additional programs, and planned conference on training for black colleges. From 2:35 p.m. on September 13 through the end of the meeting, the Study Section will be reviewing research and demonstration grant applications and will not be open to the public, in accordance with the determination by the Director, Center for Disease Control, pursuant to the provisions of Public Law 92-463, Section 10 (d).

Committee name	Date, time, place	Type of meeting and/or contact person
Veneral Disease Control Advisory Committee	Sept. 12-14, 9:00 a.m., Room 207, Bldg. 1, Center for Disease Control, Atlanta, Ga.	Open—Contact Mr. Joe H. Miller, Room 320, Bldg. B, Center for Disease Control, Atlanta, Ga. Code 404-623-3637

Purpose: The committee is charged with advising on means and methods of implementing veneral disease control programs, reviewing current and proposed program operations and suggesting new areas of control emphasis.

Agenda: Items will include a status report on veneral disease, orientation and background discussion of current program emphasis, the "Veneral Disease Communications Plan" and its implementation, current and future operational research, and new areas of program emphasis.

NOTICES

Agenda items are subject to change as priorities dictate.

A roster of members and other relevant information regarding the open/closed sessions may be obtained from the contact persons listed above.

Dated August 29, 1973.

DAVID J. SENCER,
Director,
Center for Disease Control.

[FR Doc. 73-19112 Filed 9-7-73; 8:45 am]

Office of the Secretary

BOARD OF ADVISORS TO THE FUND FOR THE IMPROVEMENT OF POSTSECONDARY EDUCATION

Notice of Meeting

Notice of Public Meeting of the Board of Advisors to the Fund for the Improvement of Postsecondary Education.

Notice is hereby given, pursuant to section 10(a)(2) of the Federal Advisory Committee Act (P.L. 92-463), that a meeting of the Board of Advisors to the Fund for the Improvement of Postsecondary Education will be held on September 12, 1973, beginning at 7:30 p.m., and on September 13 and 14, beginning at 9:00 a.m., at Glenwood Manor, Overland Park, Kansas.

The purpose of the meeting is to consider priorities and procedures for fiscal 1974 guidelines for the program of Support for Improvement of Postsecondary Education authorized by section 404 of the General Education Provisions Act.

The meeting shall be open to the public. Records shall be kept of all proceedings and shall be available for public inspection at the Fund for the Improvement of Postsecondary Education, 400 Maryland Avenue SW., Room 3139, Washington, D.C. 20202, telephone number 202-962-3704.

Signed at Washington, D.C., on September 5, 1973.

VIRGINIA B. SMITH,
Director, Fund for the Improvement
of Postsecondary Education.

[FR Doc. 73-19184 Filed 9-7-73; 8:45 am]

SOCIAL SECURITY ADMINISTRATION

Statement of Organization, Functions, and Delegations of Authority

The Statement of Organization, Functions, and Delegations of Authority for the Office of Administration in the Social Security Administration (Chapter 8 of the Statement of Organization, Functions, and Delegations of Authority for the Department of Health, Education, and Welfare), is hereby revised to reflect the abolishment of the two present positions of Deputy Assistant Commissioner for Administration; to reflect the establishment of the new position of Director of Human Resources, with responsibility for overall guidance and direction of all employee-oriented functional components within the Office of Administration,

except the Special Staff for Labor Relations and Equal Opportunity; to reflect the abolishment of the SSA Operations Research Staff; and to reflect the present functions assigned to the components of the Office of Administration. The new Statement for the Office of Administration (OA) reads as follows:

MISSION

The Office of Administration plans and directs the management program of the Social Security Administration (SSA); provides overall administrative leadership for the Commissioner of Social Security in coordinating program administration throughout SSA, and in planning programs, policies, and activities.

ORGANIZATION

The Office of Administration, under the supervision of the Assistant Commissioner for Administration, consists of:

1. The Assistant Commissioner for Administration
2. The Immediate Office of the Assistant Commissioner for Administration
3. Functional Components within the Office of Administration

The Assistant Commissioner for Administration.—A. The Assistant Commissioner for Administration is directly responsible to the Commissioner of Social Security and provides general supervision to each component in the Office of Administration.

B. In the event of the absence or disability of the Assistant Commissioner for Administration, or in the event of a vacancy in this position, the Deputy Assistant Commissioner for Administration acts for him.

C. In the event of the absence or disability of both the Assistant Commissioner for Administration and the Deputy Assistant Commissioner for Administration, or in the event of vacancies in both positions, a designated OA Executive acts for them.

Immediate Office of the Assistant Commissioner for Administration.—The Immediate Office of the Assistant Commissioner for Administration consists of:

1. The Assistant Commissioner for Administration.
2. The Deputy Assistant Commissioner for Administration.
3. The Executive Officer.
4. The Management Coordination and Special Projects Staff.
5. The Special Staff for Labor Relations and Equal Opportunity.

Functional Components within the Office of Administration.—The Office of Administration consists of the following functional components, each under the immediate day-to-day supervision of a director:

1. Office of the Director, Human Resources.
2. Division of Administrative Appraisal and Planning.
3. Division of Financial Management.
4. Division of Operating Facilities and Planning.
5. Division of Systems Coordination and Planning.

FUNCTIONS

The Office of Administration is responsible for:

1. Planning, directing, and controlling SSA management programs, policies, and activities.

2. Administering SSA-wide programs in the areas of: labor relations and equal opportunity; personnel administration; training and employee career development; administrative appraisal and planning; budget and financial management; planning, analysis and coordination of all SSA systems; facilities management and other management support activities; procurement and supply management; employee communications; audit liaison and coordination; and employee health services.

3. Providing overall administrative leadership for the Commissioner of Social Security in coordinating program administration throughout SSA.

4. Representing SSA on matters of overall program administration and management with DHEW, other Federal agencies, and non-Federal organizations.

Immediate Office of the Assistant Commissioner for Administration.—A. The Assistant Commissioner for Administration:

1. Is responsible to the Commissioner of Social Security for provision of overall executive leadership in coordinating program administration throughout SSA, so as to achieve the total program mission of SSA.

2. Plans, directs and controls the management, personnel and administrative programs of SSA, in order to meet the needs of SSA program administration, goals and objectives.

B. The Deputy Assistant Commissioner for Administration assists the Assistant Commissioner for Administration in the carrying out of his responsibilities and performs such duties as the Assistant Commissioner prescribes.

C. The Executive Officer assists the Assistant Commissioner for Administration and Deputy Assistant Commissioner for Administration in the overall management of OA.

D. The Management Coordination and Special Projects Staff:

1. Serves as the personal staff to the Assistant Commissioner for Administration by aiding him in coordinating and integrating the many-faceted and interrelated activities of OA, and by providing him with advice, assistance, problem identification, and recommendations for problem resolution with respect to projects, negotiations or work areas of special interest or concern to the Assistant Commissioner.

2. Conducts or directs projects of major SSA-wide importance and significance on assignment by the Assistant Commissioner for Administration.

E. The Special Staff for Labor Relations and Equal Opportunity:

1. Assists the Assistant Commissioner for Administration in directing, coordinating, developing, and appraising the effectiveness of policies for SSA-wide programs of labor relations (LR) and

equal opportunity (EO), as provided for under Executive Orders 10988, 11246, 11375 and 11491, as amended.

2. Reviews the employment posture of health insurance intermediaries under contract with SSA, for compliance with the EO requirements of Executive Order 11246.

3. Conducts liaison with DHEW, other Federal agencies and various other public or private organizations on matters concerning LR, EO and civil rights.

Functional Components Within the Office of Administration.—The functional components within the Office of Administration have the following responsibilities:

1. **Office of the Director, Human Resources.**—The Director of Human Resources is responsible for:

a. Providing direction to the development, implementation, and maintenance of a totally integrated and coordinated SSA program responsive to the needs of SSA's human resources.

b. Representing SSA in dealings with DHEW, other Federal agencies, and sources outside the Federal establishment with respect to matters concerning personnel and human resources management programs.

c. Providing executive-level line direction and supervision to the following Human Resources components:

(1) The Division of Personnel, which is responsible for:

(a) Directing the personnel management program of SSA and developing its personnel management objectives, policies, standards and procedures.

(b) Conducting and coordinating SSA's position classification, recruitment, placement, counseling, and employee relations programs; providing personnel operations services for headquarters offices; and assisting SSA components in their personnel operations, centrally and regionally.

(c) Evaluating personnel administration in SSA and recommending or taking action to correct deficiencies.

(d) Participating in administration of programs for labor relations, equal opportunity, and employee communications.

(2) The Division of Training and Career Development, which is responsible for:

(a) Directing the employee development program of SSA and developing its employee development objectives, policies, standards, and procedures.

(b) Conducting training programs throughout SSA and overseeing, coordinating, and appraising employee development activities of SSA components.

(c) Identifying, evaluating, and developing improved training methods, aids, and techniques and negotiating for use of outside facilities and specialists in meeting training needs.

(d) Administering and coordinating the SSA Center for Continuing Education; the SSA Career and Educational Guidance Program; and the SSA Upward Mobility College.

(3) The SSA Employee Communications Staff, which is responsible for:

(a) Directing the management-employee communications program of SSA; identifying weaknesses in management-employee communications and recommending improvements; providing advice and consultation on management communications with employees; and providing assistance to and appraising management-employee communications activities in the field.

(b) Publishing a variety of informational materials, including a monthly employee magazine, a semi-monthly management newsletter, and a weekly central office bulletin; and preparing and editing administrative reports and presentations.

(4) The SSA Employee Health Service, which is responsible for:

(a) Directing the preventive health program for SSA and promoting the health, efficiency, and productive longevity of its employees, through administering mass screening programs, offering individual services, and conducting physical examination programs.

(b) Treating all types of medical emergencies in work situations, arranging other Governmental and private medical or surgical services, and providing referrals to appropriate private and community resources.

(c) Establishing and enforcing standards of employee health and comfort through a broad environmental health program, and conducting a continuing health education program.

2. The Division of Administrative Appraisal and Planning, which is responsible for:

a. Directing the appraisal of total SSA administration, planning for efficient SSA organization and operations, and developing major operating and administrative goals and measures of effectiveness for SSA program administration.

b. Identifying current and emerging administrative problems, recommending remedial actions, and continually appraising organizational effectiveness.

c. Appraising the need for and promulgating delegations of program and administrative authority throughout SSA.

d. Conducting, coordinating, and integrating long-range operational, organizational, and administrative planning; providing leadership in administrative planning for pending legislation; and developing consistent and progressive administrative policy and philosophy.

e. Representing SSA in dealings with DHEW Audit Agency and GAO site audit teams.

f. Investigating alleged program and criminal violations, employee misconduct, and other irregularities.

g. Conducting an SSA historical research program and directing SSA emergency preparedness activities.

h. Representing SSA in dealings with DHEW, other Federal agencies, and various other public or private organizations on matters of concern to the administration of SSA programs and the fulfillment of the Division's mission.

3. The Division of Financial Management, which is responsible for:

a. Directing the financial management program of SSA; developing its financial management objectives, policies, standards, and procedures; and providing financial advice on program matters and initiating cost studies.

b. Planning, preparing, justifying, and executing the SSA budget and preparing and justifying budget estimates to finance program and other legislative changes.

c. Conducting continuing evaluation of expenditures of funds, taking actions to improve fiscal effectiveness; conducting continuing evaluation of financial systems and implementing improvements; and insuring that financial systems are integrated within SSA and with DHEW.

d. Maintaining administrative accounts, certain trust fund expenditure and receipt accounts; auditing and certifying of vouchers for administrative expenses; and preparing basic and required financial reports.

e. Representing SSA in financial management dealings with DHEW, other Federal agencies and various other public or private organizations.

4. The Division of Operating Facilities, which is responsible for:

a. Directing the management support program of SSA and developing its management support objectives, policies, standards, and procedures.

b. Directing SSA activities in the areas of: the SSA library and related services; centralized headquarters secretarial, dictation, transportation and parking services; construction or leasing of buildings; space utilization; forms and records management; printing and graphics; real and personal property management; procurement; supply and mail systems; employee safety; civil defense; and physical security.

c. Providing SSA liaison with the General Services Administration on matters related to the maintenance and servicing of headquarters facilities, and with DHEW, other Federal agencies and various other public or private organizations on matters related to the Division's mission.

5. The Division of Systems Coordination and Planning, which is responsible for:

a. Providing SSA-wide leadership and direction for systems planning and coordination, and developing, maintaining, and improving its total data processing system and plans.

b. Establishing systems policies and standards; planning overall specifications for SSA systems; and reviewing and evaluating proposed systems and equipment changes for conformance with longer range SSA systems planning goals and integration with existing SSA systems.

c. Representing SSA in dealings with DHEW, other Federal agencies, and various other public or private organiza-

tions on systems coordination, planning and policy matters.

Dated August 31, 1973.

S. H. CLARKE,
*Acting Assistant Secretary for
Administration and Management.*

[FR Dec.73-19158 Filed 9-7-73;8:45 am]

I. THE SOCIAL AND REHABILITATION SERVICE

SOCIAL AND REHABILITATION SERVICE

Statement of Organization, Functions, and Delegations of Authority

The following statement supersedes all previous material issued in Part 7 (Social and Rehabilitation Service) of the Statement of Organization, Functions, and Delegations of Authority for the Department of Health, Education, and Welfare.

7-A. Mission. The Social and Rehabilitation Service administers the Federal Government programs providing technical, consultative, and financial support to States, local communities, other organizations and individuals in the provision of social, rehabilitation, income maintenance, medical, maternal and child health, family and child welfare, and other necessary services to the aged and aging, children and youth, the disabled, and families in need.

7-B. Organization and functions. The Social and Rehabilitation Service, under the supervision and direction of the Administrator, Social and Rehabilitation Service, is composed of the Office of the Administrator, five major central office program organizations (hereinafter "The Bureaus"), and the regional office organization. Specifically, SRS consists of the following components, and functions (as indicated).

OFFICE OF THE ADMINISTRATOR

Provides leadership and common services for all programs and components of the Social and Rehabilitation Service.

Immediate Office of the Administrator. Provides executive direction to all program components of the Social and Rehabilitation Service in the administration of social; rehabilitation; income maintenance; research, demonstrations and training; medical assistance; and other services programs for or relating to the aged and aging, children and youth, the disabled, and families in need. Acts as the focal point in the Federal Government in these fields. Provides leadership; develops legislative proposals; establishes policies and objectives; directs and oversees the planning and execution of programs; provides overall management; coordinates program operations and activities; takes action to achieve improvements in program effectiveness; measures and evaluates results. Maintains relationships with the Congress, Federal, State, national and international and other professional and voluntary agencies and organizations involved or interested in the Social and Rehabilitation Service programs.

The immediate Office of the Administrator includes the Administrator, the Deputy Administrator, the Associate Administrator, the Office of Policy Coordination, and the Special Assistants.

OFFICE OF FIELD OPERATIONS

Serves as the immediate staff arm of the Administrator in the direction, management and program coordination of the Social and Rehabilitation Service's regional offices. Specifically, assists the

Administrator and Regional Commissioners in the identification and resolution of policy and other problems involving SRS field-administered programs and takes, initiates, or recommends action on them; exercises leadership in SRS, and as appropriate, takes action on matters relating to the organization, functions, authorities, position structure, staffing, financial and other support, procedures, and other general management activities of or pertaining to the regional offices; insures field input to centrally developed policies, plans, programs, and legislation; assists in the development and implementation of field planning, reporting, and evaluation systems; and conducts or arranges for the conduct of such studies, surveys, and analyses as may be required in relation to these responsibilities and takes such corrective action as may be required.

Division of Field Management. Determines requirements and exercises leadership and direction, in SRS, on all matters relating to the organization, functions, authorities, position structure, staffing, financial and other support, communications policies and procedures, administrative policies and procedures, and other general management activities of or pertaining to SRS regional offices. In the context of the overall SRS program planning system, exercises leadership in the development and installation of a Regional work planning system. Develops and maintains a system of periodic reporting by Regional Commissioners to the Administrator on progress, opportunities, and problems in field operations, and ensures that Central Office action is taken on reported items. Ensures reflection of field points of view on proposed policies, plans, programs, procedures, and instructions which will affect administrative activities of Regional Offices. Conducts, or arranges for the conduct of, such studies, surveys, and analyses as may be required in relation to the responsibilities and activities of SRS Regional Commissioners and takes such followup actions as may be required. Provides, or arranges for the provision to Regional Commissioners of such management analysis and related services as may be required.

Division of Program Coordination. Develops, coordinates, establishes, and implements procedures for the identification and resolution of Regional problems involving two or more SRS components; and, through day-to-day communication with Central Office officials and Regional Commissioners, identifies major policy and related questions involving two or more SRS field-administered programs and takes, initiates, or recommends action on them. Keeps abreast of the reports to Regional Commissioners on major Legislative, Executive Branch, HEW, and SRS actions and developments which have a bearing on field operations. Ensures reflection of field points of view in proposed policies, plans, programs, procedures, and instructions which affect Regional multiprogram operations. Provides day-to-day guidance to Regional Commissioners on program coordination objectives and methods. Partici-

pates with the Regional staff in the development and implementation of systems for Regional work planning, evaluation of and reporting on Regional program operations, and periodic reporting to the Administrator on trends, problems, and opportunities encountered in Regional Office operations.

OFFICE OF LEGISLATIVE AFFAIRS

Coordinates, plans and participates in the development of new legislation necessary to carry out programs and objectives of the Social and Rehabilitation Service; coordinates the development of testimony, cost estimates and other materials related to legislative proposals; coordinates the preparation of Congressional and other reports on all bills relating to Social and Rehabilitation Service functions. Reviews and obtains necessary approvals of correspondence with members of Congress and the public which express views with respect to legislative proposals. Keeps the Administrator and affected staff organizations informed regarding the content, status, and progress of legislation affecting the Social and Rehabilitation Service and coordinates all recommendations for new legislation proposed by organizational components of the Service. Is responsible for coordinating all Congressional relations and functions of the various SRS components. Furnishes technical assistance to Congressional committees, committee staffs, individual members of Congress, and public and private organizations in relation to proposals or bills affecting the SRS. Serves as the SRS contact point with the Office of the Assistant Secretary for Legislation and the Assistant General Counsel, Legislation Division. Maintains liaison with legislative offices of other agencies of the Department and of other Departments of the Executive Branch. Develops legislative histories of significant laws and prepares other summaries of the status of legislation and reports of hearings.

OFFICE OF PUBLIC AFFAIRS

Plans, directs, and coordinates the public affairs programs of the Social and Rehabilitation Service. Advises the Administrator and other officials on public information considerations and needs involved in program and policy recommendations and decisions. Provides guidance and leadership to all components of SRS in matters involving public affairs. Provides central news, television, radio, and film services for all SRS components. With the collaboration of the bureaus and regional offices, assists the States in conducting their information programs. Develops basic SRS policy in the area of public affairs. Serves as the SRS contact point on public affairs with the Office of the Secretary, other agencies of the Department, and other Federal departments and agencies.

Division of News Media Services. Provides day-to-day relationships with the news media. Plans, prepares, coordinates, and evaluates news releases, other news materials, news conferences, and briefings with the press, news magazines, and radio and television news departments.

Division of Editorial Services. Plans, prepares, coordinates, and evaluates written materials—i.e., speeches, reports, articles, etc.

Division of Publications. Plans, prepares, coordinates, and evaluates publications and exhibits.

Division of Television, Radio, and Films. Plans, prepares, coordinates, and evaluates television, radio, and film activities and projects.

Division of Special Projects. Plans, carries out, and coordinates special projects in the areas of public affairs information.

OFFICE OF ADMINISTRATION

Provides staff coordination, direction, leadership and advice on the administrative management functions of SRS. Advises the Administrator and other officials on the managerial implications of program and policy decisions and recommendations. Coordinates the planning and operation of all administrative and financial management activities of SRS. Provides centralized support services to all SRS components in personnel management and manpower utilization; budget and fiscal management; general services administration; cost reduction activities; management systems; data processing and other organization and management analysis activities. Serves as the contact point for the Administrator with the Office of the Secretary, the Bureau of the Budget, the Civil Service Commission, the General Services Administration, and staffs of the Appropriations Committees of Congress on budget, administrative, and financial management matters. Develops basic SRS policy and provides centralized services in these areas.

Division of Manpower Resources. Provides leadership, services, and consultative assistance and advice concerning planning and operation of effective employment, career development, training and manpower utilization programs covering SRS employees. Provides advice on matters of manpower resource policy and procedure to the Administrator and other SRS officials. Provides personnel services for all SRS components.

Division of Budget. Provides advice to the Administrator on budget activities. Provides overall staff leadership, guidance and direction on budget development and budget execution for Social and Rehabilitation Service; develops budget policy and procedures for SRS; and works with the Program Planning Office in the current year PPB plan. Directs the preparation, presentation and execution of the SRS budget. Develops budget justifications and drafts testimony for the Administrator for Bureau of the Budget and Congressional hearings. Directs budget reprogramming activity. Serves as the chief staff resource in the development and operation of the budget system. Acts as liaison for the Administrator on budget matters with the Office of the Assistant Secretary, Comptroller, and with the Bureau of the Budget.

Division of Finance. Provides advice and assistance to the Administrator on

financial management activities. Provides financial management services for the Social and Rehabilitation Service. Develops, implements and administers an integrated financial and accounting system. Provides advice on broad audit policy and practice questions and performs liaison function with the HEW Audit Agency and the General Accounting Office on problems which transcend individual programs administered by SRS. Serves as the SRS central accounting point and maintains all official fiscal and accounting records. Cooperates with the Office of Program Planning and the Budget Division in the development of plans and in the production of data required in the PPB system. Acts as liaison for the Administrator on financial management questions with the Office of the Assistant Secretary, Comptroller, with the HEW Audit Agency and with GAO on all audit questions (except those involving project grants).

Division of General Services. Provides leadership, consultative assistance and advice in all general services activities for SRS, including contract development and administration, technical procurement management, personal and real property management, forms and records management, reproduction services, space management, communications services, safety management, and related activities. Provides administrative support services and develops policy in these activities for SRS. Acts as liaison for the Administrator with the Office of the Assistant Secretary for Administration, the Office of the General Counsel and the General Services Administration in these activities.

Division of Management Systems. Serves as the principal staff resource for planning, policy direction, and technical assistance concerned with improving the organization, procedures, decision making and management information handling processes in SRS. Coordinates all systems affecting two or more SRS components. Conducts studies on organization, systems and management problems. Cooperates with the Manpower Resources Division in the conduct of manpower utilization studies. Develops and directs the operation of the SRS Management Information System.

Division of Data Processing. Provides leadership, advice, and technical services in the field of data processing. In consultation with affected staff offices and bureaus, makes studies of how automatic data processing systems can be applied to SRS systems. Provides advice on more effective utilization of data processing as a support for fiscal, PPBS, program statistics, grants management, and other management and program services. Provides programming services as requested by SRS components. Provides centralized ADP operations for SRS. Maintains liaison with the Office of the Assistant Secretary for Administration and, as necessary, with the Bureau of the Budget and other agencies on data processing matters. Arranges for all data processing services as required by SRS components. Provides consultation on proposed con-

tracts and grants utilizing data processing services.

OFFICE OF RESEARCH, DEMONSTRATIONS, AND TRAINING

Provides staff direction and coordination for all SRS activities in the development of the research, training, demonstrations, research training, research and training centers, direct and contract research, research utilization, grants management, and international activities of the Service. Directs and operates certain research, training and demonstration activities as described below:

Division of Research and Demonstrations. Directs and promotes a nationwide program of research and demonstrations to solve problems of physical, mental, social, cultural, and economic deprivation. Provides staff direction and coordination for the development of policies, regulations, and procedures covering these operations throughout SRS. Directs the evaluation, interpretation, and application of research findings. Maintains relationships with public and private agencies in relevant research areas. Stimulates research to meet program needs.

Division of Intramural Research. Provides staff direction and coordination of all SRS intramural research. Formulates and executes, directly or by contract, selected research projects to solve problems in adjustment to physical, mental, social, cultural, and economic deprivation. Develops priorities for this research and policies and procedures concerning these operations.

Division of Research and Training Centers. Is responsible for the establishment of special centers for research and training in areas of concern to the Service, including the National Center for the Deaf-Blind, and similar institutions. Provides staff assistance and coordination for the development of policies and procedures and makes grants for such research, training, and client services. Encourages coordinated research, training, and client services to meet program needs.

Division of International Activities. Directs SRS programs for international research in social and rehabilitation services and related areas and the interchange of research scientists and experts. Works with the Department of State and appropriate American embassies to insure that programs are in agreement with U.S. foreign policy. Develops program policies, standards, and procedures for the foreign research program in social and rehabilitation services and related areas. Provides awards for the interchange between the United States and foreign countries of research scientists and experts. Conducts training programs for nationals of other countries in U.S. methods and techniques in social and rehabilitation services. Evaluates policy statements and program proposals of the United Nations, International Labor Organization, World Health Organization, and related agencies. Provides technical assistance to and collaborates with foreign and international organizations and agencies.

NOTICES

Division of Grants Management. Develops fiscal plans, policies and procedures, and manages research, demonstration, and training grants and contracts. Furnishes consultative services to grantees in these areas on grants management. Directs the project-referral system for divisional or other review. Directs grants financing and expenditures reports review. Develops audit policies, standards, and resolution of audit exceptions for the office. Assists in development of annual budget of the office. Coordinates all SRS project grants management activities and in coordination with the Office of Administration, maintains a centralized SRS project grants management information system.

Division of Training and Manpower Development. Provides staff coordination, direction and advice: on development of training goals and policies for State and local agency staff development programs; on the training grant and stipend programs of the bureaus; on the preparation of staff development standards and guidelines for State and local agencies; and on the planning, policies and programs for meeting State manpower needs of programs administered by SRS. Works with national organizations and associations to stimulate resources and curriculum development for the training of professional, sub-professional, and lay persons in social and rehabilitation services. Administers grants for education and training to educational institutions for technical and professional education as assigned.

NATIONAL CENTER FOR SOCIAL STATISTICS

Provides staff coordination, direction and advice for all statistical activities and programs in SRS. Maintains a national repository of statistical data on social and rehabilitation services, including those services provided in the private as well as the public sectors. In cooperation with the Office of Program Planning, develops and analyzes statistical measures of the impact of SRS programs, of program operations, of needs and gaps in services provided by the programs, of the effectiveness of State agencies, programs and operations, and of the effectiveness of SRS policies. Provides central reporting, data collection, compilation and processing for all SRS. Reviews for the Administrator all proposed plans for statistical reports and all contracts and grants proposed for the compilation, collection, processing or reporting of statistics in SRS. Provides or arranges for all SRS statistical compilation and computation services.

Management and Administrative Services Division. Maintains the SRS repository of statistical data on social and rehabilitation services as required for SRS and its component organizations. Provides the administrative services of the Center.

Program Surveys and Statistics Division. In cooperation with the bureaus and staff offices: Develops statistical measures; determines statistical needs; designs reports and studies; establishes reporting systems; and collects and com-

piles all statistical data required. Provides these services, analyzes data, issues surveys and statistical reports whenever two or more bureaus or staff offices are involved or as directed by the Administrator.

Division of Fiscal and Administrative Surveys and Statistics. Provides staff coordination, direction, and advice to SRS organizations on: Development of fiscal and administrative statistical measures; determination of statistical needs; and design of reports and studies. Provides these services as directed by the Administrator, or whenever two or more bureaus or staff offices are involved. Reviews and approves all proposed contracts and grants for statistical data and issues fiscal and administrative surveys and statistical reports. Provides statistical data related to the Federal budget and to Federal legislation.

Division of Statistical Methods and Services. Provides technical advice to the bureaus, to SRS regional staff, and to State agencies in developing and maintaining methods and procedures for control of social and rehabilitation service statistical data, including developing and carrying out necessary training programs to this end. Develops and maintains systems, designs, and programming for statistical purposes. Provides consultation on special survey designs and methods. In coordination with the Data Processing Division, develops ADP systems for compilation and processing all SRS statistics.

OFFICE OF PROGRAM PLANNING AND EVALUATION

Provides staff leadership, advice, direction and coordination for the overall planning and evaluation activities of the SRS. Provides policy direction and coordination for all SRS program planning and evaluation activities. In coordination with the Center for SRS Statistics, prescribes measures and indicators of program progress which can be used in achieving predetermined objectives.

Serves as the contact point for the Office of the Administrator with the Office of the Assistant Secretary for Planning and Evaluation and the Bureau of the Budget on program planning and evaluation activities.

Provides staff leadership, advice, direction and coordination for the PPBS program of SRS, including the translation of the long-range goals into incremental annual operational plans and develops SRS multi-year Program and Financial Plan. Directs the central SRS program in these areas. Prepares the Program Memoranda annually for each established program category, appraising the national needs to be met, both short-range and long-range, assuring the adequacies, effectiveness and efficiency of the overall program and financial plan to meet these goals. Develops alternative proposals where appropriate in collaboration with the SRS bureaus and staff offices.

Directs special studies and analyses of program objectives and accomplishments, compares the benefits and costs of alternative programs and explores

future needs in relation to planning programs. Develops a system for and provides policies, direction and coordination of program evaluation activities of the Service designed to appraise the relation of Federal social and rehabilitation activities to the social and rehabilitative needs and goals of the nation.

Establishes working relationships in the field of Program Planning and Evaluation with other Federal agencies. Evaluates the relationships between SRS and other Federal efforts such as manpower development, economic and physical growth, and rehabilitative, technological and scientific advances.

Identifies problem areas; determines problems, causes, and recommends changes which will resolve common problems and provide closer coordination in the administration of joint Federal, State and local programs.

OFFICE OF FEDERAL-STATE RELATIONS

Advises the Administrator in reference to State relations, problems relating to SRS, professional and voluntary organizations and community and urban affairs. Represents the Administrator in the intergovernmental functions of SRS:

(1) Serves as the national SRS focal point with Governors of the States and their cabinet officers (in coordination with the Regional SRS Commissioners and Regional HEW Directors) to assure effective social and rehabilitation services in the States.

(2) Represents the Administrator with national professional and other voluntary agencies and associations with programs or interests related to SRS.

(3) Serves as the SRS focus for urban and community affairs and provides staff guidance, leadership, and direction for these activities.

(4) Participates in the formulation of SRS policies and proposed legislation.

Division of State and Association Relations. Maintains on-going relations with the executive staff of the Governors, particularly their Federal-State coordinators (in coordination with the Regional SRS Commissioners and Regional HEW Directors), to assure effective social and rehabilitation services in the States. On a planned basis, makes contacts with mayors, city councils, and local officials in large urban areas to promote development, expansion, and innovation of SRS programs in relation to other related programs. Advises on policies, proposed legislation, and other matters related to the States.

Maintains and coordinates day to day relations with national professional and other voluntary agencies and associations, welfare rights groups, and other organizations with programs or interests related to those of SRS.

Serves as the focus for SRS emergency planning and provides staff guidance, leadership, and direction for these activities. Provides the coordination and development within SRS of emergency preparedness to meet natural disasters and emergency conditions of all types, including civil defense emergencies. Serves as the contact point with the Office of the

Secretary and other agencies with respect to planning for continuity of government, and national emergency plans and preparedness for a civil defense emergency including emergency welfare services.

Division of Special Activities. Serves as the operating unit for special programs of SRS to meet the needs of special groups, interagency activities, and other situations as assigned by the Administrator. Serves as the contact point with the Office of the Secretary and other agencies in matters of urban and community affairs.

Office of Urban Development. Serves as focal point for SRS cooperation and liaison with the Center for Community Planning for promoting the development and enrichment of demonstrations in neighborhood service centers and model city programs.

Establishes and directs a program of housing and community improvement activities. Provides professional leadership and technical assistance to regional, State, and local agencies in strengthening their efforts to improve the housing of SRS target populations: The aged, dependent children and families, physically and socially disabled, and other groups with special needs. Promotes and encourages strengthened policies and greater activity on the part of State and local agencies to achieve improved housing and community conditions.

Provides consultation to regional, State, and local agencies in the planning and development of research and demonstration projects to test out new methods and techniques for extending housing-welfare cooperation to benefit needy persons.

Office of Citizen Participation. Serves as the coordinating body and works with appropriate designated staff in the component agencies to strengthen and expand the use of volunteers in SRS programs. Develops guidelines for volunteer services in local welfare agencies. Provides leadership in opening up opportunities for meaningful citizen participation in all programs of SRS.

DIVISION OF CUBAN REFUGEE PROGRAM

Administers the Cuban Refugee Program including: Financial assistance (in cooperation with and through the Assistance Payments Administration), resettlement services, emergency health services, assistance to public schools in Dade County, Fla., loans to refugee students and protective care of minors. These programs are carried out through the Federal Cuban Refugee Emergency Center, voluntary resettlement agencies, and a variety of Federal, State and local agencies.

SOCIAL AND REHABILITATION SERVICE PROGRAM BUREAUS

The principal program components of the Social and Rehabilitation Service, in the Central Office, are the Administration on Aging, the Assistance Payments Administration, the Children's Bureau, the Medical Services Administration, and the Rehabilitation Services Administration. The functions of these organizations, the

program bureaus, are primarily staff in nature. In conjunction with their specialized functions, as stated below, they:

1. Assist the Administrator and work closely with each other, with concerned components of the Office of the Administrator, and with Regional Commissioners in the coordinated development of Service-wide objectives, policies, plans, programs, budgets, priorities, procedures, and legislation.

2. Assist in determining the quality and effectiveness of field operations, and in the development and recommendation of corrective actions when determined to be required.

3. Provide, on all matters for which they have staff responsibility, technical advice, consultation, and assistance to field officials.

4. Assist the Administrator in the development and justification, through Bureau of the Budget and Congressional levels, of budgets and substantive legislative proposals.

5. Provide representation on national-level committees, and at national-level meetings and conferences involving other Departments and agencies of the Federal Government and concerned public and private organizations.

6. Assist in the coordination of the Service's affairs with concerned headquarters elements of other Federal agencies, including other agencies of the Department of Health, Education, and Welfare.

7. Keep the Administrator advised as to the status of the programs for which they are responsible.

ADMINISTRATION ON AGING

Provides leadership in the planning, development, and coordination of those SRS programs which provide services to, and opportunities for, older persons in accordance with the provisions of the Older Americans Act and Titles I, XVI, and XIX of the Social Security Act.

Within the authorities delegated to it, the Administration: establishes program goals and objectives; develops standards; develops program policies, criteria and guidelines; provides professional consultation to the regional office staff and assists it in the guidance and leadership of State and local organizations; directs and promotes research and demonstration programs to evolve new approaches toward more meaningful lives for the aged and aging; promotes and administers a training program to provide skilled personnel for working with the aged and aging; serves as a clearinghouse for information related to the problems of older persons; maintains relationships with a variety of Federal, State and local organizations who serve or have an impact upon the aging and aged; evaluates progress in meeting the needs of older persons and takes action to promote improvement; conducts administrative management, legislation and public information activities; and coordinates its activities and programs with other concerned SRS organizations. The Administration on Aging has assigned its functional responsibilities to the various divisions as follows:

Division of Information. Plans and carries out a program of dissemination of information concerning older persons, in coordination with the SRS Office of Public Affairs. Serves as a clearinghouse for information related to the needs and problems of older persons and progress being made to meet them; produces a variety of professional and lay publications which provide information on successful programs and disseminates new findings in the field of aging; and produces a variety of related informational and educational materials, including audio visual materials.

Plans and conducts the annual Senior Citizens Month public information campaign. Provides technical assistance to the Administration on Aging staff on the development of policy issuances and related materials. Upon request, provides technical assistance to State Agencies on Aging on informational activities.

Division of Administration. Plans and carries out the administrative management functions of the Administration on Aging, in coordination with the SRS Office of Program Planning and the SRS Office of Administration. Serves as the focal point for the annual development of the 5-year Program and Financial Plan and the next year's budget; the justification of the budget to the Bureau of the Budget and the Congress; budget execution; manpower utilization; financial accountability; and the provision of program support services.

Coordinates the development of grants management policies and procedures, and the analysis of, and response to, audit reports.

Conducts grants management activities for the Division of Research, Demonstrations, and Training.

Division of Program and Legislative Analysis. Plans and carries out a systematic program of analysis of existing legislation and programs affecting older persons to identify needed improvements. Develops and maintains relationships with public and private agencies which have programs serving or affecting older persons; identifies efforts by these agencies to provide opportunities and services for older persons, and the interrelationships between them; participates in joint planning operations; and evaluates the impact of these efforts on the needs of the elderly. Conducts studies of special problems of the elderly and issues analyses and reports. Provides secretariat services for the President's Council on Aging and the Advisory Committee on Older Americans. Coordinates preparation of periodic reports by the President's Council on Aging on progress in the field and recommendations for future action by the Advisory Committee. Analyzes and interprets statistics related to older persons generated by the National Center for Social Statistics and other sources; identifies trends and changes in patterns; and makes projections for planning purposes.

Develops Administration on Aging legislative proposals in coordination with the SRS Office of Legislative Affairs. Analyzes and comments on legislative

proposals from other sources which would affect older persons.

Division of Older Americans Service. Plans and carries out a program of standard-setting, consultation, stimulation and evaluation directed to: the development of public and private services and opportunities for older persons at State and local levels under Title III of the Older Americans Act; and the provision of public social services to maintain independent living and promote self-care for older persons eligible under Titles I, XVI, XIX and related provisions of the Social Security Act. Establishes objectives and priorities. Develops policies, criteria, and guidelines for State and local planning, program development, program operations, financial management, coordination of effort, and program evaluation. Provides guidance, consultation and technical program assistance to Regional Commissioners, Regional Staff on Aging, and as requested to State and local agencies and organizations serving older persons. Determines program requirements for the grant programs; determines reporting requirements; develops staff development materials for use by State agencies; develops program evaluation criteria for use by Regional Offices, State and local staffs, and administers grants to States. Participates in periodic review of State operations for conformity to the State Plans. Evaluates national program progress in meeting the needs of older persons and takes action to promote improvement. Maintains continuing liaison and coordination with program activities of the other Social and Rehabilitation Service components.

Division of Research, Demonstration and Training. Plans and carries out programs for research, development, demonstration, and training under titles IV and V of the Older Americans Act and titles I and II of the Economic Opportunity Act. Determines priorities, stimulates innovative applications; provides technical consultation; analyzes applications; provides secretariat for Technical Review Committees; oversees operations of the projects; coordinates activities with the SRS Office of Research, Demonstrations, and Training and similar offices in other agencies; and evaluates findings and results of projects for dissemination.

The research, development, and demonstration programs support grants and contracts directed toward the study of current patterns and conditions of living of older persons, and the development and demonstration of new and improved approaches and techniques to providing opportunities and services which make for more wholesome and meaningful living of all older persons.

The training program supports grants and contracts to identify the needs for trained personnel in the field of aging; to develop training curricula, materials, and projects to meet the needs; and to provide for training specialized personnel required for planning programs for and serving older people.

The Foster Grandparent Program, operated for the Office of Economic

Opportunity, demonstrates the feasibility of part-time social service roles for the elderly poor who are no longer in the regular work force. The focus of these roles is the provision of personal supportive services to deprived children in a variety of institutional and community settings.

Coordinates the development of grants management policies and procedures, and the analysis of, and response to audit reports.

ASSISTANCE PAYMENTS ADMINISTRATION

Provides leadership in the planning, development and coordination of those SRS programs which provided for the administrative and financial assistance aspects of public assistance programs, the Work Incentive programs, and the Work Experience programs.

Within the authorities delegated to it, the Administration: establishes goals and objectives; develops program policies, criteria and guidelines; provides professional consultation to the regional office staff and assists it in the guidance and leadership of State and local agencies and groups; develops new approaches (and collaborates with the Office of Research, Demonstrations, and Training in research to this end) to achieve a more effective public assistance and work program; following policy formulated in coordination with the Division of Training and Manpower Development of the Office of Research, Demonstrations, and Training, directs and promotes a training program in the States for the State welfare staff whose functions relate to APA and eligibility determination; serves as a clearinghouse for information relating to the problems of those in need; maintains relationships with a variety of Federal, State, and local organizations who serve or have an impact on people in economic need; evaluates progress in meeting the financial assistance problems of people in economic need and takes action to promote improvement; conducts administrative management, legislation and public information activities; and coordinates its activities and programs with other concerned SRS organizations. The Assistance Payments Administration has assigned its functional responsibilities for these functions to its various divisions as follows:

Division of Work and Training Programs. Plans, coordinates, directs, and evaluates activities in carrying out Assistance Payments Administration responsibilities in the Work Incentive Program (title IV, Social Security Act); in the Work Experience Programs (title V, Economic Opportunity Act); and other assigned activities relating to work experience and training. Takes action on title V project applications after Department of Labor concurrence. Keeps the Commissioner informed of significant trends and developments. Interprets programs to public and voluntary welfare agencies. Maintains liaison and cooperative relationships with the Department of Labor and OEO. Provides technical advice and assistance to the regions as necessary to assist the regions

in maintaining effective Federal-State-local relationships and to encourage maximum realization of the public welfare objectives of the Work Incentive and Work Experience program. Coordinates with other SRS bureau and staff offices on all matters of mutual concern.

Division of State Administrative and Fiscal Standards. Formulates, in consultation with the Office of the Administrator and other bureaus of the Social and Rehabilitation Service, policies, standards and methods relating to proper and efficient administration of State and local cash assistance programs, such as organizational and management standards and practices, fiscal accountability, fiscal policy affecting financing of programs, utilization of ADP, administrative controls and procedures, State administrative supervision of local agencies, requirements for Federal participation in costs of administration, and technical aspects of Federal matching. Provides technical advice and assistance to other SRS bureaus, Regional Commissioners, and State agencies.

Division of Field Services. Serves as principal adviser to the Commissioner with respect to Regional and State implementation of policies concerned with the responsibilities of the Administration. Supervises the program and provides technical program advice to the regions. Reviews new State plans pertaining to financial assistance programs, and plan amendments under new legislation for which policy has not yet been issued. Develops methodology for quality control and administrative review of State financial assistance programs. Acts as liaison with Office of Field Operations and participates in the resolution of State problems. Carries out responsibilities in programs of assistance for U.S. citizens or nationals returned from foreign countries, and welfare planning for refugees and immigrants.

Division of Program Analysis. Responsible for program planning, analysis, and evaluation of the Federal-State financial assistance programs. Develops long-range plans and a schedule for their accomplishment, including operation of the Administration PPBS system and the annual work plan. Determines the need for and analyzes in depth, statistical and other operating data on assistance payments to determine trends, forecasts, and other information essential for program evaluation and planning purposes. Promotes and cooperates in research activities related to income maintenance. Responsible for the establishment and maintenance of an administrative management information system.

Division of Program Payment Standards. Develops policies, methods, and guides for the determination of eligibility for financial assistance and, in cooperation with the Medical Services Administration, for medical assistance. Develops policies, standards, and guides for determination and measurement of need, income, and resources. Develops standards and guides for aspects of eligibility not related to need, for protection of rights of applicants and for dealing with fraud. Coordinates formulation of

and issuance of program policies and regulations.

CHILDREN'S BUREAU

Provides leadership in the planning, development, and coordination of those SRS programs which provide for the health and welfare of the children of the nation. These include: child welfare services; services for the families of dependent children; maternal and child health services and services for handicapped children; programs for the improvement of health and welfare services for mothers and children; and services for youth, including delinquent youth.

Within the authorities delegated to it, the Bureau establishes program goals and objectives; develops standards; develops program policies, criteria and guidelines; provides professional consultation to the regional office staff and assists it in the guidance and leadership of State and local agencies and groups; directs and promotes research and demonstration programs to evolve new and more effective approaches in health and welfare services for children and youth; directs and promotes a training program to provide skilled manpower for the health and welfare of infants, children and youth; serves as a clearinghouse for information related to conditions which affect the general welfare of children; maintains relationships with a variety of Federal, State, and local organizations whose programs affect children and youth; evaluates progress in meeting welfare and health of children and youth and takes action to promote improvement; conducts administrative management, legislation and public information activities; and coordinates its activities and programs with other concerned SRS organizations. The Children's Bureau has assigned its functional responsibilities to the various divisions as follows:

Division of Family and Child Welfare Services. Plans, provides leadership, administers, and promotes the national program of comprehensive family and child welfare services (title IV, parts A and B of the Social Security Act) and formulates policies and guidelines for these services. Within delegated authority administers grants to State public welfare agencies for child welfare services, and to institutions of higher learning for training of child welfare and child care personnel. Provides professional consultation and assistance to the regional offices' staff and assists it in the guidance and leadership of State public welfare agencies and other public and voluntary agencies in development, extension and improvement of quality of programs offering social and rehabilitative services for families and children in such areas as protective services for needy, neglected, abused and exploited children, foster care of children, day care services, homemaker services, adoption, services to unmarried parents and their children, educational and child development services, family counseling, readiness services for training and employment, family life education, family planning and other services to prevent or reduce birth out of wedlock, volunteer

services, standards-setting and licensing of child-care facilities and community planning for development of needed services. Participates in program analysis, evaluates practice and effectiveness of services and takes action to promote improvement. Administers and promotes programs to train specialized personnel for meeting the welfare needs of children and families of dependent children. Cooperates in the development of interdepartmental programs relating to family and child welfare services, as well as other related programs of the Social and Rehabilitation Service.

Division of Health Services. Plans and administers nationwide health programs for mothers and children. Within delegated authority administers grants to carry out programs designed to meet the health needs of mothers and children and youth, both normal and handicapped, and to support services designed to promote optimal growth and development of children, and reduce infant mortality and childhood morbidity. These programs provide comprehensive preventive health, screening, early identification, diagnosis, treatment, correction of defects and after-care services both medical and dental for children through organized community health services; comprehensive maternal health services including case finding, prenatal and postpartal care, hospitalization and family planning services especially for women in low income families; and strengthen training resources to add to the supply of manpower to work in health programs for mothers and children. Develops policies, guides and standards for professional services and effective organization and administration of health programs for mothers and children. Provides consultation and technical assistance to the regional offices' staff and assists it in the guidance and leadership of state and local organizations in the development, extension and improvement of programs and services in the various specialized fields essential to the programs; evaluates effectiveness of services and takes action to promote improvement. Works with organizations and agencies, both public and voluntary, on programs for improving the effectiveness of health services for mothers and children.

Division of Juvenile Delinquency Services. Directs the Bureau's activities in the field of juvenile delinquency; develops program policies, standards and guides for services; provides consultation and technical assistance to Regional Commissioners and public and voluntary agencies and other organizations at national, State, and local levels on the development, extension and improvement of services and facilities for the control and treatment of juvenile delinquency, including legislative bases, organization, content, administration, and coordination of programs, training of both professional and nonprofessional personnel for services, and operation of such special services as police, law enforcement, juvenile courts, probation, detention, diagnostic and reception centers, training

schools, group work and community services; makes evaluative surveys of overall programs or of special services and facilities.

Division of Research. Plans, conducts and reports on studies relating to child life, child and youth welfare, family and children's services, juvenile delinquency, and health of mothers, and children. Within delegated authority administers grants for research in child welfare and maternal and child health and crippled children's services and provides technical assistance on and consultation to these and other research projects. Assembles facts about matters that adversely affect the wellbeing of mothers and the growth and development of children, to determine what kinds of health and social services and methods are most effective in aiding children and their parents; and to develop new knowledge and methods to improve and advance programs and services for families and children.

Collects, analyzes and disseminates information on research findings; conducts a clearinghouse on current research in child life; prepares content for publications interpreting research findings for use by parents, professional workers and others concerned about children.

Division of Reports and Information. Plans and carries out a program for development, production and distribution of informational materials (including visual presentations) and reports designed for professional, lay, and media audiences; provides consultation on methods of interpreting programs for, or special subject areas about children; provides technical assistance to the Bureau staff on writing and informational activities; and produces a variety of professional and lay publications on children and the problems of children.

MEDICAL SERVICES ADMINISTRATION

Provides leadership in the planning, development, and coordination of those SRS programs relating to medical assistance to the needy and the medically needy and those relating to intermediate care facilities; titles I, IV, X, XI, XIV, XVI, and XIX of the Social Security Act.

Within the authorities delegated to it, the Administration: establishes program goals and objectives; develops standards; develops program policies, criteria, and guidelines; provides professional consultation to the regional office staff and assists it in the guidance and leadership of State and local organizations; develops new and better approaches toward meeting the needs of those who cannot afford adequate medical care; following policy formulated in coordination with the Division of Training and Manpower Development, Office of Research, Demonstrations, and Training, directs and promotes a training program in the States for State health or welfare personnel to provide skilled medical manpower for working on the problems of assisting the needy; serves as a clearinghouse for information related to the problems of medical assistance; maintains relationships with a variety of Federal, State, and local organizations who serve or

have an impact on the medical assistance programs; evaluates progress in meeting the medical needs of the poor and takes action to promote improvement; conducts administrative, management, legislative, and public information activities; and coordinates its activities and programs with other concerned SRS organizations. The Medical Services Administration has assigned its functional responsibilities to the various divisions as follows:

Division of Medical Program Planning and Development. Develops policy, standards, and guidelines for the planning, development, and coordination of health and medical aspects of Federal-State medical care programs for persons eligible under applicable assistance titles of the Social Security Act in order to assist States to extend the scope and content and improve the quality of their medical care programs. In cooperation with the Office of the Administrator is responsible for planning, developing, coordinating and integrating policies, standards, and program content in medical assistance programs. Cooperates with Assistance Payments Administration in the development of policies, methods, and guides for determination of eligibility for medical assistance services. Consults with and assists SRS Regional Offices in the provision of assistance to States in initiating medical assistance plans; the review and evaluation of State plan proposals and revisions; the reviews of State plans; and the provision of direction, policy interpretation and encouragement to States in the implementation of the mental health aspects of titles I, XVI, and XIX of the Social Security Act. Provides technical consultation and assistance in medicine, dentistry and allied fields to Medical Services Administration staff, the regions, and in cooperation with Regional Offices, State medical assistance agencies. Develops medical social work and psychiatric social work policy and standards related to the implementation of title XIX. In coordination with other SRS bureaus, formulates medical eligibility criteria for Aid to the Blind, Aid to Families With Dependent Children, and Aid to the Permanently and Totally Disabled, and medically needy programs.

Division of Medical Program Management. Develops and establishes medical care management systems, methods, and procedures; and planning, programing, budgeting and cost analysis systems in relation to medical assistance programs. Formulates policies and standards for State agencies regarding fiscal management and fiscal aspects of Federal financial participation in the Medical Assistance program. Develops improved methods of medical care administration. Reviews and approves State grants payments for medical assistance. Provides consultation on medical care administration, organizational and contract problems and procedures. Formulates principles, guides, and standards for care in medical institutions and for non-institutional services. Consults with Regional Offices and, as necessary, States on institutional management and use of alterna-

tive types of care. Assists Regional Offices in the conduct of management surveys of installation and testing of new systems. Establishes standards for methods of contracting and purchasing medical services. In coordination with SRS Regional Offices, provides guidance to States on proper use of medical assistance advisory committees.

Division of Medical Program Evaluation. In coordination with SRS Regional Offices, reviews and assesses the effectiveness of State medical assistance programs through both administrative reviews and in-depth evaluations. Develops national standards and criteria for the determination of quality control effectiveness. Develops guides to assist States in self-evaluations of programs and provides consultation through Regional Offices, in association with evaluation problems. Determines types and periodicity of medical statistical data to be collected and compiled. Analyzes and interprets statistical data on medical assistance to determine program effectiveness and trends. Cooperates with the Office of the Administrator and others in research, demonstration projects, and analytical studies on methods of delivery and financing of medical care.

REHABILITATION SERVICES ADMINISTRATION

Provides leadership in the planning, development and coordination of those SRS programs which provide rehabilitation and social services for the handicapped, including disabled social security applicants and beneficiaries, the mentally retarded, the blind and permanently and totally disabled welfare applicants and recipients in accordance with the provisions of the Vocational Rehabilitation Act, as amended; titles I, II, X, XIV, XVI, and XVII of the Social Security Act, as amended; title I, parts B, C, and D of Public Law 88-164, as amended, and sections 301 and 303 of the Public Health Service Act. Within the authorities delegated to it, the Administration: Establishes program goals and objectives; develops standards; develops program policies, criteria, and guidelines; provides professional consultation to the regional offices' staff and assists it in the guidance and leadership of State and local organizations; collaborates in the conduct of research and demonstration programs to evolve new approaches toward more meaningful lives for the handicapped; directs and promotes a training program to provide skilled manpower for working with those who are handicapped or disabled; serves as a clearinghouse for information related to the problems of the handicapped; maintains relationships with a variety of Federal, State, and local organizations who serve or have an impact upon the handicapped; evaluates progress in meeting the needs of the handicapped and takes action to promote improvement; stimulates national action and recommends solution for the removal of architectural barriers; conducts administrative management, legislation, and public information operations; and coordinates its activities and programs with other concerned SRS organiza-

tions. The Rehabilitation Services Administration has assigned functional responsibilities to the various divisions as follows:

Division of Mental Retardation. Plans, directs, and coordinates a comprehensive nationwide program for those with mental retardation and related handicaps. Encourages and assists academic, State and community organizations in the planning, construction, development, operation and improvement of health and rehabilitation resources for the mentally retarded, including care services and the raising of standards of care in residential, community and other service programs. Provides a central point for information on mental retardation and programs and services. Provides professional consultation to the regional office staff and assists it in the guidance and leadership of State and local agencies and groups.

Division of Training. Directs and promotes a nationwide program of training personnel for rehabilitation services; provides teaching and traineeship grants to public and voluntary nonprofit agencies and educational institutions; formulates program policies and procedures governing administration of training grants; provides support for continuing education of personnel in all professional fields and staff development programs of State vocational rehabilitation agencies; stimulates the development and exchange of teaching materials; directs the evaluation of research into the training programs; encourages research into methods of improving the preparation of personnel; maintains cooperative relationships with concerned national agencies and professional associations. Provides professional consultation to the regional office staff and assists it in the guidance and leadership of State and local agencies and groups.

Division of State Program Administration. Formulates nationwide plans, policies, and procedures in the development and improvement of State rehabilitation program services and operations, including statewide planning. Develops policies and standards for the determination of rehabilitation potential. Provides professional consultation to the regional office staff and assists it in the guidance and leadership of State and local agencies and groups. Evaluates the effectiveness of State program operations. Directs State agency surveys. Maintains effective relationships with public and private agencies.

Division of Rehabilitation Facilities and Workshops. Directs the administration of the rehabilitation facilities and workshops programs and develops policies, standards and procedures therefor as provided in the Vocational Rehabilitation Act, as amended, Public Law 83-482, Public Law 88-164, and Public Law 87-395. Provides assistance and Secretariat to the National Policy and Performance Council. Collaborates with the Public Health Service in the review and approval of projects governing the establishment of rehabilitation facilities. Directs fiscal operations involving certification of grants for

rehabilitation facilities. Provides professional consultation to the Regional Commissioners and the regional office staff and assists it in the guidance and leadership of State and local agencies and groups. Maintains relationships with national, voluntary and professional organizations concerned with the development and operations of rehabilitation facilities.

Division of State Plans, Projects, and Grants. Formulates policies and standards covering State Plans for vocational rehabilitation and State grant administration; develops policies, standards, and procedures covering the development of expansion and innovation projects and specialized vocational rehabilitation programs; allots, controls, and certifies grants to State agencies under sections 2 and 3 of the Vocational Rehabilitation Act, as amended; as well as SSA Trust Funds; directs the administration and fiscal operations of the expansion grant program; directs fiscal operations covering statewide planning, including certification of payments. Provides professional consultation to the regional office staff and assists it in the guidance and leadership of State and local agencies and groups.

Division of Disability Services. Provides leadership in the development and improvement of vocational rehabilitation services and techniques for people with severe disabilities, and in selected program areas such as rehabilitation of the aging disabled and rehabilitation of handicapped youth. Collaborates in the formulation of policies, standards and procedures for program services workshops and facilities, identification and implementation of training needs; assists in project activities designed to provide new knowledge or demonstrate sound rehabilitation practices. Provides professional consultation to the regional office staff and assists it in the guidance and leadership of State and local agencies and groups. Develops and maintains relationships with professional organizations and voluntary groups and other governmental agencies.

Division of Services to the Blind. Administers the Randolph Sheppard Act Vending Stand Program and the Business Enterprises Program for blind persons; collaborates with Federal agencies and State licensing agencies in the development of additional vending stands and other employment opportunities for the blind; plans and directs advisory and consultative services of professional staff in areas such as aid to the blind, guidance, training and placement, and in-service training programs; maintains cooperative relationships with national, public, voluntary, and professional organizations concerned with the welfare of blind persons; collaborates in the formulation of policies, standards, and procedures required in the rehabilitation of the blind in rehabilitation facilities and workshops. Provides professional consultation to the regional office staff and assists it in the guidance and leadership of State and local agencies and groups.

Division of Statistics and Special Studies. Determines need for statistical and other data for program needs. Develops statistical standards, promotes uniformity of definitions and statistical competence among participating agencies. Provides statistical analyses and evaluations required in all rehabilitation program areas. Furnishes consultative services. Consults on statistical adequacy of research grant proposals and other types of project grant applications. Plans and participates in training of State vocational rehabilitation agency personnel concerned with data collection and dissemination. Publishes nationwide data on program services. Conducts special studies in disability, employment, and other fields related to rehabilitation. Provides professional consultation to the regional office staff and assists it in the guidance and leadership of State and local agencies and groups.

REGIONAL ORGANIZATION

There is a Social and Rehabilitation Service Regional Office in each of the Department of Health, Education, and Welfare's nine Regions. These offices comprise the operating arm of the Social and Rehabilitation Service. They provide for the Administrator a focal point for identifying and responding to the needs of State and local governmental agencies, community agencies, and other public and private organizations involved in or concerned with the planning and provision of social and rehabilitation services. Each of these Regional Offices is headed by a Regional Commissioner and each consists of program staffs which are counterparts of central office program bureaus (i.e., staffs on Aging, Assistance Payments, Child Health and Welfare, Medical Services, and Rehabilitation Services). In addition, the office of each Regional Commissioner includes staff providing consultation and service to all program components in such areas as medicine, manpower development and training assistance, and statistics.

Social and Rehabilitation Service Regional Offices. Exercise leadership in the planning and execution of effective social and rehabilitation service programs in States and other political jurisdictions within their regions; provide guidance, consultation, and assistance to counterpart public and private agencies in States and communities; review and exercise delegated authority to approve State plans; stimulate and review and exercise delegated authority to approve applications for formula and project grants; promote programs to increase the extent and quality of social and rehabilitation services; evaluate public and private agency programs; assure compliance with Federal laws and regulations; and report to the Administrator, and as required, to Central Office program officials, on Social and Rehabilitation Service needs, problems, and significant developments in their regions.

Regional Commissioner. Serves as the direct representative of the Administrator in his region. Is accountable to the Administrator for all program and administrative affairs of the SRS regional

staff. Specifically, in conformance with policies, objectives, and guidelines established by the Administrator, directs, plans, and coordinates activities of the regional staff; exercises delegated authority to approve State plans and formula and project grants and makes recommendations with respect to the audits of such plans and grants; interprets SRS objectives, policies, and regulations to, and evaluates performance of, State and other concerned agencies; recommends and, where necessary, requires changes in the administration of State plans to assure efficient performance of program functions and the delivery of services to people; stimulates the initiation of federally assisted programs in the region and coordinates with the HEW Regional Director and with other HEW, Federal, State, public, and private agencies in the development and conduct of joint programs of services (including income assistance) to people; provides regional perspective and input to the development of national objectives, policies, plans, programs, and legislation; exercises direct supervision and control over all administrative activities of the SRS regional staff; and reports periodically to the Administrator on the status of SRS regional affairs.

7-C. Order of succession. During the absence or disability of the Administrator, Social and Rehabilitation Service, or in the event of a vacancy in that office, the first official listed below who is available shall act as Administrator, except during a period of planned absence for which a different order has been designated under (b) below:

- (a) (1) Deputy Administrator.
- (2) Associate Administrator.
- (3) Assistant Administrator for Research, Demonstrations, and Training.
- (4) Assistant Administrator for Field Operations.

(b) For a planned period of absence, the Administrator may specify a different order of succession.

7-D. Delegations of authority—(a) Functions. Except as provided in section 2-30 and section 7-E of this statement, the Administrator shall exercise:

(1) The functions vested in the Secretary by titles I, IV, V, X, XIV, and XVI of the Social Security Act, as amended (42 U.S.C. 301 et seq., 601 et seq., 701 et seq., 1201 et seq., 1351 et seq., 1381 et seq.), by title XIX of the Act, as amended (42 U.S.C. 1396 et seq.), subject to 1-965.30 of this statement, by title XVIII of the Act, as amended (42 U.S.C. 1395-1395II), to the extent of the responsibilities assigned by section 1-965.20(c) of this statement, and by titles VII and XI of the Act, as amended (42 U.S.C. 902 et seq., 1301 et seq.), insofar as the provisions of such titles pertain to the mission of the Social and Rehabilitation Service as described in section 7-A of this statement.

(2) The functions vested in the Secretary relating to the mission of the Social and Rehabilitation Service, as described in section 7-A of this statement, under the Social Security Act which are not

contained in the Act but which are contained in other acts which relate to but do not amend the Act, including, but not limited to, the following Acts:

(a) Section 618 of the Revenue Act of 1951, 65 Stat. 569, as amended by Public Law 86-778, section 603, 74 Stat. 992, and Public Law 87-543, sec. 141(e), 76 Stat. 205 (relating to public access to records of public assistance disbursements).

(b) Section 9 of the Act of April 19, 1950, Public Law 474, 81st Congress (relating to Navajo and Hopi Indians).

(c) Public Welfare Amendments of 1962, Public Law 87-543, 76 Stat. 172, section 141 (b) and (f).

(d) Social Security Amendments of 1965, Public Law 89-97, 79 Stat. 286, section 121 (b).

(e) Social Security Amendments of 1967, Public Law 90-248, 81 Stat. 821, sections 201 (g) and (h), 202 (c) and (d), 203 (b), 220 (b), 234 (c), 240 (e) (3), 248 (c), and 402 (a) and (b).

(3) The functions vested in the Secretary by the Juvenile Delinquency and Youth Offenses Control Act of 1961 (Public Law 87-274, as amended, 42 U.S.C. 2541 et seq.), and the Juvenile Delinquency Prevention and Control Act of 1968 (Public Law 90-445).

(4) The functions vested in the Secretary by Public Law 86-571 (24 U.S.C. 321 et seq.) (pertaining to hospitalization of mentally ill nationals returned from foreign countries) with the exception of the issuance of regulations under section 1(d) (2) (24 U.S.C. 321(d) (2)). (In exercising this authority, the Administrator shall work with the Administrator, Health Services and Mental Health Administration, in arranging for appropriate use of its resources to provide the most effective and economical administration of this law.)

(5) The functions vested in the Secretary by letter dated September 1, 1960, to the Secretary of the Treasury from the Director, Bureau of the Budget, authorizing the carrying out of programs under section 104(k) (now sec. 104(b) (3)) of the Agricultural Trade Development and Assistance Act of 1954, as amended (7 U.S.C. 1704(b) (3)), insofar as this authority pertains to the mission of the Social and Rehabilitation Service as described in section 7-A of this statement: *Provided*, That this authority shall be exercised in accordance with applicable policies and procedures established by appropriate authorities to insure consistency with basic foreign policy and with related Federal programs.

(6) The functions vested in the Secretary by section 4 of the International Health Research Act of 1960, Public Law 86-610; 74 Stat. 364, 22 U.S.C. 2102, with respect to responsibilities relating to the mission of the Social and Rehabilitation Service as described in section 7-A of this statement: *Provided, however*, That such authority, with respect to the exercise of responsibilities under the Act entitled "An Act To Establish in the Department of Commerce and Labor a Bureau To Be Known as the Children's Bureau" (42 U.S.C. ch. 6), shall be administered under

the Administrator's supervision and direction through the Children's Bureau: *Provided further*, That this authority shall be exercised in accordance with applicable policies and procedures established by appropriate authorities to insure consistency with basic foreign policy and with related Federal programs.

(7) The functions under Executive Order 11001, sections 3(g), (4), and those portions of sections 6, 7, 9, 10, 11, and 12 pertaining to emergency welfare and the development of preparedness programs covering rehabilitation of disabled survivors. In the performance of these emergency functions the Administrator shall coordinate the health activities of the Social and Rehabilitation Service with the Administrator, Health Services and Mental Health Administration, in order that preemergency plans shall be developed in consonance with postattack organizational plans and structure of the Department for the Emergency Health Services.

(8) The functions under the Migration and Refugee Assistance Act of 1962, Public Law 87-510; 76 Stat. 121, 22 U.S.C. 2601 delegated to the Secretary by Executive Order 11077 of January 22, 1963, effective as of July 1, 1962.

(9) Functions vested in the Secretary by the Vocational Rehabilitation Act, as amended (29 U.S.C. ch. 4).

(10) Functions of the Secretary as Chairman of the National Advisory Council on Correctional Manpower and Training; functions of the Secretary as Chairman of the National Policy and Performance Council; functions of the Secretary as Chairman of the National Advisory Council on Vocational Rehabilitation; functions of the Secretary as Chairman of the Executive Committee of the President's Council on Aging (Executive Order 11376, Oct. 17, 1967).

(11) Functions under section 9 of the Federal Employees' Compensation Act, as amended (5 U.S.C. 759), retained in the Federal Security Administrator by Reorganization Plan No. 19 of 1950, and transferred to the Secretary by Reorganization Plan No. 1 of 1953.

(12) Functions transferred by Reorganization Plan No. 2 of 1946 and Reorganization Plan No. 1 of 1953, to the Secretary from the Office of Education and Commissioner of Education under the Act of June 20, 1936, 49 Stat. 1559 (Randolph-Sheppard Act, 20 U.S.C. ch. 6A).

(13) Functions vested in the Secretary by amendments to the statutes cited in Items (9)-(12), above, enacted subsequent to Reorganization Plan No. 1 of 1953.

(14) Authority vested in the Secretary under sections 602(f) and 605(b) of the Public Health Service Act, as amended, to approve applications and requests relating to rehabilitation facilities.

(15) The functions vested in the Secretary and the Administration on Aging by the Older Americans Act of 1965, as amended (42 U.S.C. 3001 et seq.).

(16) The functions under title XVII of the Social Security Act, as amended

(42 U.S.C. 1391 et seq.), relating to grants to States for planning comprehensive action to combat mental retardation.

(17) The functions under parts B, C and D of title I and the functions relating to grants for the construction of facilities for the mentally retarded of title IV of the Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963, as amended (42 U.S.C. 2661 et seq.).

(18) Such of the authority under the Public Health Service Act, as amended, as is necessary to carry out the functions exercised, as of August 1, 1967, by the Division of Mental Retardation, more particularly for the following purposes under the following sections of that act:

(a) Section 301, 42 U.S.C. 241, to make grants for research or research training projects in the field of mental retardation recommended by the National Advisory Health Council; and

(b) Section 303(a), 42 U.S.C. 242a, to make hospital improvement project grants, including institutional improvement project grants and inservice training project grants to hospitals or other institutions for the mentally retarded (such grants to be made only upon the recommendation of the National Advisory Mental Health Council and to be paid in advance or by way of reimbursement as may be determined by, and on such conditions as found necessary by, the Administrator, Social and Rehabilitation Service).

(19) The functions performed by the Children's Bureau under the Act of April 9, 1912, as amended (42 U.S.C. ch. 6), shall continue to be performed by the Chief of the Children's Bureau under the supervision and direction of the Administrator, Social and Rehabilitation Service.

(20) The functions under the Economic Opportunity Act of 1964, Public Law 88-452, 78 Stat. 508 as amended, 42 U.S.C. 2701 et seq.:

(a) Delegated to the Secretary pursuant to the Delegation of Authorities from the Director, Office of Economic Opportunity, dated October 24, 1964 (29 F.R. 14764, Oct. 29, 1964), pertaining to Title V, Part A, Work Experience Programs, including related authority, and subject to the limitations, set forth in such Delegation; and

(b) To be performed by the Secretary pursuant to the Agreement signed by the Director, Office of Economic Opportunity, on March 10, 1965, and by the Secretary on March 31, 1965, pertaining to the furnishing of services in the administration of the Foster Grandparent Program authorized under such Act.

(b) *Continuation of other delegations.* All delegations heretofore made to the Commissioner of Welfare, the Commissioner of Vocational Rehabilitation, the Commissioner on Aging, and the Chief of the Children's Bureau shall be deemed to have been made to the Administrator, Social and Rehabilitation Service.

(c) *Advisory functions.* All functions of committees (including councils, boards, and other advisory bodies)

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established as of August 15, 1967, serving in an advisory capacity to the Welfare Administration, the Vocational Rehabilitation Administration, and the Administration on Aging, are continued and revested in such committees.

7-E. *Limitations on authority.* (a) The authority to appoint members to the Advisory Council on Public Welfare, the Advisory Council on Medical Assistance, the National Advisory Council on Nursing Home Administration, the National Advisory Council on Vocational Rehabilitation, the National Policy and Performance Council, the National Advisory Council on Correctional Manpower and Training, and the Advisory Committee on Older Americans shall be exercised only by the Secretary.

(b) No State plan or amendment thereto submitted pursuant to any statute administered by the Social and Rehabilitation Service shall be finally disapproved without prior consultation and discussion by the Administrator with the Secretary.

(c) An application for designation as a State licensing agency under the Act of June 30, 1936, as amended (Randolph-Sheppard Act, 20 U.S.C. ch. 6A), shall not be disapproved, nor shall a designation made pursuant to that Act be revoked, without prior consultation and discussion by the Administrator with the Secretary.

7-F. *Redelegation of authority.* Authority contained in section 7-D of this Statement may be redelegated by the Administrator to such officers and employees of the Social and Rehabilitation Service as he may deem appropriate.

7-G. *Continuation of regulations.* All regulations, rules, orders, authorities or statements of policy or interpretation heretofore issued with respect to the former Welfare Administration, the former Vocational Rehabilitation Administration, the Administration on Aging, the Children's Bureau and the Division of Mental Retardation are continued in full force and effect, under the authority of the Administrator, until revised, superseded, or revoked.

Approved: January 17, 1969.

WILBUR J. COHEN,
Secretary.

[F.B. Doc. 69-1065; Filed, Jan. 24, 1969;
8:50 a.m.]

Statement of Organization, Functions, and Delegations of Authority

Part 7 of the Statement of Organization, Functions, and Delegations of Authority for the Department of Health, Education, and Welfare (34 F.R. 1279, Jan. 25, 1969, as amended) is hereby further amended to reflect the reorganization of the Medical Services Administration. For such purposes, section 7-B is amended as follows:

By striking out all that follows under the heading "Medical Services Administration" and inserting in lieu thereof the following:

Provides national leadership in the administration of title XIX programs. Directs the planning, coordination, and development of these programs and the development of effective relationships between them and other federally supported health and health-related programs.

Within broad Department of Health, Education, and Welfare and Social and Rehabilitation Service policy and guidelines and subject to the health policy direction and other authority of the Assistant Secretary for Health and Scientific Affairs, the Medical Services Administration establishes program goals and objectives; develops policies, standards, and guidelines to accomplish stated goals; provides professional guidance and assistance to State and local organizations and leadership to regional office staff; develops modifications and innovations in program and in administration; works with and coordinates with other Social and Rehabilitation Service organizations and related health components of the Department to organize training and assistance programs in the States to promote and provide skilled medical and medically related manpower to better assist the needy; obtains, analyzes, and provides information related to medical assistance; develops and implements appropriate information and payment systems, maintains relationships with a variety of Federal, State, local, and non-governmental organizations who have an interest in the health and welfare of the Nation and who have an impact on Medical Services Administration programs; evaluates progress in State and national administration of the title XIX programs and takes action to direct or redirect national and State efforts; conducts organizational management analysis and planning (including PPBS coordination), administrative and program budget, staffing, legislative, and other general administrative services activities, conducts public information, public inquiries, and public education activities; proposes legislation to provide for changing needs of program directions and for financing

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of better health care to program recipients; promotes experimental programs in financing of health delivery systems. Provides management support to advisory councils. The Medical Services Administration has assigned functional responsibilities to the various offices and divisions as follows:

Office of Program Planning and Evaluation. Develops policies and plans for the development and coordination of the financing aspects of the Federal/State medical care programs for persons eligible under applicable titles of the Social Security Act. Determines statistical data to be collected; and maintains records of characteristics of State title XIX plans. Conducts studies of the economy with emphasis on areas relating to the medical aspects of the title XIX program. Coordinates with all other health-related DHEW policymaking organizations and works with Federal, State, MSA, and nongovernment advisory groups. Sets objectives and goals for MSA; guides program and administrative planning; reviews total program effort and prepares appraisal of programs of national impact.

Office of Program Innovation. Develops modifications and innovations in the administration of title XIX programs; promotes experiments in funding arrangements for health plans; collaborates with related Federal, State, regional, and community agencies in developing and implementing new health systems concepts to assure that title XIX activities are supportive of general systems improvements; coordinates title XIX support of research, demonstration projects, and analytic studies concerned with reducing the cost of making high quality health care available to the indigent.

Division of Management Information and Payment Systems. Plans and develops specifications for management information and payment systems; administers a management information system for the Medicaid program; evaluates and improves the claims payment process; assists States and regions in the development and implementation of systems, provides regional, State, and headquarters liaison for EDP systems; provides staff coordination, direction, and advice to MSA organizations on reporting requirements and information; makes analyses and prepares management data and information necessary to administer the programs.

Division of Program Operations and Standards. Develops and prepares policies, standards and guides to regions and States for program participation, operations, administration and related areas; reviews State administration and operations; insures that program activities, standards, and other issuances are consistent with those of the Public Health Service and with the Social Security Administration; develops reimbursement standards for skilled nursing homes, hospitals, and other providers of medical care under the title XIX program; coordinates with regions on individual State problems; assists States in plan-

ning for and in extending the scope, content and quality of programs; cooperates with Assistance Payments Administration in the development of policies, methods, and guides for determination of eligibility for medical assistance. In coordination with other SRS organizations, formulates medical eligibility criteria for Aid to the Blind, Aid to Families with Dependent Children, and Aid to the Permanently and Totally Disabled.

Division of Technical Assistance and Training. Provides technical assistance and consultation to State agencies on organization, management methods and

staffing for the title XIX program; provides liaison functions on expertise for interchange of personnel; develops personnel training and development programs for regional offices and State agencies. Works with States and regions on contracts for procurement of assistance, arranges for technical assistance and development not assigned to other divisions and offices.

Approved: March 5, 1970.

ROBERT H. FINCH,
Secretary.

[F.R. Doc. 70-3056; Filed, Mar. 16, 1970;
8:45 a.m.]

Public Health Service LICENSED BIOLOGICAL PRODUCTS

Notice is hereby given that pursuant to section 351 of the Public Health Service Act, as amended (42 U.S.C. 262), and regulations issued thereunder (42 CFR Part 73), the following establishment license and product license actions have been taken from July 1, 1969, to December 31, 1969, inclusive.

These lists are supplementary to the lists of licensed establishments and products in effect on June 30, 1969. These were published on March 27, 1969, in F.R. Vol. 34, No. 60, and on August 30, 1969, in F.R. Vol. 34, No. 167.

ESTABLISHMENT LICENSES ISSUED

Establishment	City and State	License No.
Georgia Blood Bank and Serum Laboratories, Inc.	Columbus, Ga.	421
American Blood Bank Service, Inc.	Miami, Fla.	422
GCI Laboratories, Inc.	Clearwater, Fla.	423
Rh Bio Laboratories, Inc.	Cincinnati, Ohio	424
Homer D. Cobb Memorial Hospital	Phoenix City, Ala.	425
Regional Blood Components, Ltd.	Los Angeles, Calif.	426
Wellcome Reagents Limited.	Beckenham, Kent, England	427

ESTABLISHMENT LICENSES REVOKED AT THE REQUEST OF THE MANUFACTURER

Establishment	City and State	License No.
Cambridge Nuclear Corp.	Cambridge, Mass.	350
Chicago Wesley Memorial Hospital Blood Bank	Chicago, Ill.	318
Illinois Department of Public Health, Bureau of Biologic Products, Division of Laboratories	Chicago, Ill.	120
Sherman Laboratories	Detroit, Mich.	30

ESTABLISHMENT LICENSES REVOKED WITHOUT PREJUDICE AND REISSUED

Establishment	City and State	License No.	Action
Advance Biofactures Corp.	Lynbrook, N.Y.	383	Name change.
Allied Plasma Corp.	Miami, Fla. and New Orleans, La.	416	Location added: New Orleans, La.
Barry Laboratories, Inc.	Detroit, Mich. and Pompano Beach, Fla.	119	Location added: Pompano Beach, Fla.
Behring Diagnostics, Inc.	Woburn, N.Y.	157	Name change.
Central Florida Blood Bank, Inc.	Orlando, Fla.	227	Locations added: Eustis, Fla. Rockledge, Fla. Seminole, Fla. Titusville, Fla.
Georgia Blood Bank and Serum Laboratories, Inc.	Augusta, Ga. and Columbus, Ga.	421	Location added: Augusta, Ga.
Metrix Clinical and Diagnostics Division Armour Pharmaceutical Co.	Chicago, Ill. and Kankakee, Ill.	149	Name change and location added: Chicago, Ill.
Miles Laboratories, Inc.	Elkhart, Ind. and West Haven, Conn.	362	Location added: Elkhart, Ind.
Ohio Biomedical, Inc.	Cincinnati, Ohio	424	Name change.
Spectra Biologicals Division Becton, Dickinson & Co.	Oxnard, Calif.	344	Move to Oxnard, Calif.
W. E. and Lela I. Stewart Blood Center, Inc.	Tyler, Tex.	265	Name change.

PRODUCT LICENSES ISSUED

Product	Establishment	License No.
Anti-A Blood Grouping Serum	Metrix clinical and Diagnostics Division Armour Pharmaceutical Co.	149
Anti-B Blood Grouping Serum	do	149
Do	North American Biologicals, Inc.	413
Anti-A, B Blood Grouping Serum	Metabolic Research Foundation, Inc.	415
Do	Metrix Clinical and Diagnostics Division Armour Pharmaceutical Co.	149

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Social and Rehabilitation Service

STATEMENT OF ORGANIZATION, FUNCTIONS, AND DELEGATIONS OF AUTHORITY

The following statement supersedes that portion of Part 7 (Social and Rehabilitation Service) of the Statement of Organization, Functions, and Delegations of Authority for the Department of Health, Education, and Welfare (34 F.R.

1279, Jan. 25, 1969, as amended), beginning with Part 7-A and ending with the Division of Cuban Refugee Program:

7-A. Mission. The Social and Rehabilitation Service administers the Federal Government programs providing technical, consultative, and financial support to States, local communities, other organizations and individuals in the provision of social, rehabilitation, income maintenance, medical, family and child welfare, and other necessary services to the aged and aging, children and youth, the disabled, and families in need.

7-B. Organization and Functions. The Social and Rehabilitation Service, under the supervision and direction of the Administrator, Social and Rehabilitation Service, is composed of the Office of the Administrator, the Staff Offices, six major central office program organizations (hereinafter "The Bureaus"), and the Regional Office organization. Specifically, SRS consists of the following components, and functions (as indicated).

OFFICE OF THE ADMINISTRATOR

Provides leadership and common services for all programs and components of the Social and Rehabilitation Service.

Immediate Office of the Administrator. Provides executive direction to all program components of the Social and Rehabilitation Service in the administration of social; rehabilitation; income maintenance; research, demonstrations and training; medical assistance; youth development and delinquency prevention; and other services programs for or relating to the aged and aging, children and youth, the disabled, and families in need. Acts as the focal point in the Federal Government in these fields. Provides leadership; develops legislative proposals; establishes policies and objectives; directs and oversees the planning and execution of programs; provides overall management, coordinates program operations and activities; takes action to achieve improvements in program effectiveness; measures and evaluates results. Maintains relationships with the Congress, Federal, State, national, and international and other professional and voluntary agencies and organizations involved or interested in the Social and Rehabilitation Service programs.

The Immediate Office of the Administrator includes the Administrator, the Deputy Administrator, and immediate staff.

OFFICE OF PRIORITY PROGRAMS

Provides leadership and direction in coordinating activities of agency components to achieve the program objectives determined to be of the highest priority; determines resources and responsibilities for achieving those priority objectives; serves as the central focus for reporting priority program developments, progress, and problems; provides Central Office guidance and assistance for priority program operations in the Regional Offices; assesses the overall effectiveness of priority program achievements and makes recommendations to the Administrator for strengthening the capabilities for carrying out those responsibilities.

Office of Legislative Affairs. Coordinates, plans, and participates in the development of new legislation; coordinates the development of testimony, cost estimates and other materials related to legislative proposals; coordinates the preparation of Congressional and other reports on all bills. Reviews and obtains approvals on correspondence with members of Congress and the public on legislative proposals. Keeps the Administrator and affected staff organizations informed regarding legislation and coordinates all recommendations for new legislation. Coordinates all Congressional relations and functions of the various SRS components. Furnishes technical assistance to Congressional committees, committee staffs, individual members of Congress; and public and private organizations in relation to proposals or bills. Serves as the SRS contact point with the Office of the Assistant Secretary for Legislation and the Assistant General Counsel, Legislation Division. Maintains liaison with legislative offices of other agencies of the Department and of other Departments of the Executive Branch. Develops legislative histories of significant laws and prepares other summaries of the status of legislation and reports of hearings.

Office of Public Affairs. Plans, directs, and coordinates the public affairs programs of the Social and Rehabilitation Service. Advises on public information considerations and needs involved in program and policy recommendations and decisions. Provides guidance and leadership to all components of SRS in matters involving public affairs. Provides central news, television, radio and film services for all SRS components. With the collaboration of the bureaus and regional offices, assists the States in conducting their information programs. Develops basic SRS policy in the area of public affairs. Serves as the SRS contact point on public affairs with the Office of the Secretary, other agencies of the Department, and other Federal departments and agencies.

Division of News Media Services. Provides day-to-day relationships with the news media. Plans, prepares, coordinates, and evaluates news releases, other news materials, news conferences, and briefings with the press, news magazines, and radio and television news departments.

Division of Editorial Services. Plans, prepares, coordinates, and evaluates written materials—i.e., speeches, reports, articles, etc.

Division of Publications. Plans, prepares, coordinates, and evaluates publications and exhibits.

Division of Television, Radio, and Films. Plans, prepares, coordinates, and evaluates television, radio, and film activities and projects.

Division of Special Projects. Plans, carries out, and coordinates special projects in the areas of public affairs information.

ASSOCIATE ADMINISTRATOR FOR PLANNING, RESEARCH, AND TRAINING

Provides leadership and coordination for program planning and evaluation,

research and demonstrations, external manpower development and training, and grants management activities of the Social and Rehabilitation Service. Serves as the advisor to the Administrator in these areas. Directs and coordinates the activities of the Assistant Administrators in the Office of Program Planning and Evaluation, the Office of Research and Demonstrations, and the Office of Manpower Development and Training.

OFFICE OF THE ASSISTANT ADMINISTRATOR PROGRAM PLANNING AND EVALUATION

Provides staff leadership, advice, direction, and coordination for the overall planning and evaluation activities of the Social and Rehabilitation Service. Serves as the contact point for the Office of the Administrator with the Office of the Assistant Secretary for Planning and Evaluation and the Bureau of the Budget on program planning and evaluation activities.

Division of Program Planning. Provides policy direction and coordination for all SRS program planning activities. Develops planning systems for use by the Bureaus and Regional Offices. Coordinates the Program Planning and Evaluation System program of SRS, including the translation of the long-range goals into incremental annual operational plans. Provides agencywide direction in the development of the SRS multiyear Program and Financial Plan.

Division of Program Evaluation. Directs studies and analyses of program objectives and accomplishments, compares the benefits and costs of alternative programs and explores future needs in relation to planning programs. Directs and coordinates evaluation activities to appraise the relation of Federal programs to the social and rehabilitative needs and goals of the Nation. In coordination with the Office of Program Statistics and Data Systems, prescribes measures and indicators of program progress which can be used in achieving program objectives.

OFFICE OF THE ASSISTANT ADMINISTRATOR, MANPOWER DEVELOPMENT AND TRAINING

Provides staff coordination, direction and advice on the development of training goals and policies for State and local agency staff development programs. Coordinates the development of standards and guidelines for State and local agencies. Participates in planning and executing policies and programs for meeting State manpower needs in programs administered by the Social and Rehabilitation Service, including estimating requirements and developing effective methods and resources to meet these needs. Works with national organizations and associations and educational institutions to stimulate resources and curriculum development for training of professional, sub-professional and lay persons in social and rehabilitation services.

Division of In-Service Training Programs. Cooperates with regional offices in providing assistance to State and local agencies in the development of in-service training programs designed to increase the skills and competence of State and

local agency personnel. Identifies operating problems of those agencies and recommends training programs to meet their needs. Provides financial support for continuing education of personnel in all fields and for staff development programs of State agencies.

Division of Professional Programs. Cooperates with regional offices in providing guidance to State and local agencies and groups in the development of long-term training programs designed to develop a balanced, coordinated and efficient approach to the critical problem of professional and managerial manpower in the delivery of social and rehabilitation services. Provides teaching and traineeship grants to public and voluntary nonprofit agencies and educational institutions.

Division of Subprofessional Programs. Cooperates with regional offices in providing guidance to State and local agencies and groups in the development of long-term training programs designed to develop subprofessional and administrative support capability for the State and local SRS programs. Provides teaching and traineeship grants to public and voluntary nonprofit agencies and educational institutions.

OFFICE OF THE ASSISTANT ADMINISTRATOR, RESEARCH AND DEMONSTRATIONS

Provides staff direction and coordination for all SRS activities in the development of the research, training, demonstrations, research training, research and training centers, direct and contract research, research utilization, grants management, and international activities of the Service. Directs and operates certain research, training and demonstration activities as described below:

Division of Research and Demonstrations. Directs and promotes a nationwide program of research and demonstrations to solve problems of physical, mental, social, cultural, and economic deprivation. Provides staff direction and coordination for the development of policies, regulations, and procedures covering these organizations throughout SRS. Directs the evaluation, interpretation, and application of research findings. Maintains relationships with public and private agencies in relevant research areas. Stimulates research to meet program needs.

Division of Intramural Research. Provides staff direction and coordination of all SRS intramural research. Formulates and executes, directly or by contract, selected research projects to solve problems in adjustment to physical, mental, social, cultural, and economic deprivation. Develops priorities for this research and policies and procedures concerning these operations.

Division of Research and Training Centers. Is responsible for the establishment of special centers for research and training in areas of concern to the Service, including the National Center for the Deaf-Blind, and similar institutions. Provides staff assistance and coordination for the development of policies and procedures and makes grants for such research, training, and client services.

Encourages coordinated research, training, and client services to meet program needs.

Division of International Activities. Directs SRS programs for international research in social and rehabilitation services and related areas and the interchange of research scientists and experts. Works with the Department of State and appropriate American embassies to insure that programs are in agreement with U.S. foreign policy. Develops program policies, standards, and procedures for the foreign research program in social and rehabilitation services and related areas. Provides awards for the interchange between the United States and foreign countries of research scientists and experts. Conducts training programs for nationals of other countries in U.S. methods and techniques in social and rehabilitation services. Evaluates policy statements and program proposals of the United Nations, International Labor Organization, World Health Organization, and related agencies. Provides technical assistance to and collaborates with foreign and international organizations and agencies.

Division of Grants Management. Develops fiscal plans, policies and procedures, and manages research, demonstration, and training grants and contracts. Furnishes consultative services to grantees in these areas on grants management. Directs the project referral system for divisional or other review. Directs grants financing and expenditures reports review. Develops audit policies, standards, and resolution of audit exceptions for the office. Assists in development of annual budget of the office. Coordinates all SRS project grants management activities and in coordination with the Office of Administration, maintains a centralized SRS project grants management information system.

ASSOCIATE ADMINISTRATOR FOR MANAGEMENT

Coordinates the planning and directs operation of all administrative, budgeting, and financial management activities of the Social and Rehabilitation Service. Coordinates and directs the Social and Rehabilitation Service management information system; provides statistical, data reporting, and data processing services and provides such assistance to all SRS organizations; provides advice, consultation and assistance to the States on administrative systems, data automation, systems analysis, information systems, statistical analysis and forecasting and utilization of these tools for more effective management. (Such activities will still allow the direction and administration of management information systems to reside at the program level where appropriate. This commitment has already been made for the Medicaid program.)

OFFICE OF THE ASSISTANT ADMINISTRATOR, FINANCIAL MANAGEMENT

Provides overall financial management for the Social and Rehabilitation Service and its programs. Functions of this Office include staff leadership, guidance, and

direction on: budget development and execution; development of budget policies and procedures; accounting and auditing policies and procedures.

Division of Budget. Responsible for the preparation, justification and execution of the total Social and Rehabilitation Service budget and for the coordination of all SRS budget activities.

Division of Finance. Responsible for auditing, accounting and fiscal management necessary for control of all Social and Rehabilitation Service accounting operations. Coordinates SRS responses to all audit reports from GAO, the HEW audit agency and other sources.

OFFICE OF THE ASSISTANT ADMINISTRATOR FOR ADMINISTRATION

Provides staff coordination, direction, leadership, and advice on the administrative management functions of SRS. Advises the Associate Administrator for Management and other officials on the managerial implications of program and policy decisions and recommendations. Coordinates the planning and operation of all the administrative activities of SRS. Provides centralized support services to all SRS components in: personnel management; manpower utilization; general services administration; and data processing. Serves as the contact point for the Social and Rehabilitation Service with the Office of the Secretary; the Civil Service Commission; and the General Services Administration on administrative matters.

Division of General Services. Provides consultative assistance and advice on all general services activities for the Social and Rehabilitation Service including: Contract development and administration; technical procurement management; personal and real property management; paperwork management; printing management and reproduction services; communications services; safety management; and all related activities. Provides administrative support services and develops policy in these areas for SRS.

Division of Personnel. Develops personnel management and training policies for Social and Rehabilitation Service employees. Provides services, consultative assistance, and advice concerning planning and operation of effective employment, career development and training. Provides advice on personnel policies and procedures to the Associate Administrator for Management and other SRS officials.

Division of Data Processing. Provides internal SRS planning, policy, direction, and technical services in the field of automatic data processing. Conducts studies to determine the method of application of data processing systems to existing SRS internal systems. Promotes utilization of data processing as a support for other management and program services. Provides data processing facilities for SRS (operations, contracts or arrangement with other HEW data processing installations). Monitors data processing utilization by all SRS activities.

Division of Methods and Manpower Utilization. Provides leadership, plans, conducts and directs organization and methods, manpower utilization and cost reduction activities for SRS. Makes special studies, develops measures of effective utilization, analyzes organizations and determines the most effective methods of achieving results, and develops more effective organizational and work arrangements. Provides leadership and technical assistance in the development of the Agency's Manpower Utilization Program, and the President's Cost Reduction Program. Conducts an Agency-level program for the development and maintenance of functional statements and delegations of authority. Recommends staffing patterns and average grade allowances for components. Recommends policies and provides consultant services to the Administrator and other SRS officials in the above areas. Seeks and facilitates the implementation of new ideas, new skills, and new methods to improve the administration of agency programs, and develops standards to measure ongoing effectiveness.

OFFICE OF THE ASSISTANT-ADMINISTRATOR FOR PROGRAM STATISTICS AND DATA SYSTEMS

Provides planning, policy, direction, staff coordination, and technical assistance in the improvement of procedures for decision making, management information handling processes, statistical activities, information systems, data automation, management improvement, administrative systems, etc., where two or more programs are involved or when requested. (Such activities will still allow the direction and administration of management information systems to reside at the program level where appropriate. This commitment has already been made for the Medicaid program.)

National Center for Social Statistics. Provides staff coordination, direction and advice on all statistical compilation problems in SRS; provides technical advice on statistics and survey methods; maintains a national repository of statistical data on social and rehabilitation services, including those services provided in the private as well as the public sectors. Operates the SRS management information system and provides central data collection, compilation and processing for all SRS.

Division of State Systems Management. Provides planning, direction, coordination, leadership and technical assistance to SRS grantees in the fields of management improvement, data automation, information systems, administrative systems, etc., when two or more programs are involved or when requested. Conducts demonstrations (in cooperation with the Office of Research and Demonstration; upon request by other contracting, granting and program offices; or where two or more programs are involved), reviews, approves and monitors SRS grants and contracts in these fields. Establishes standards for and evaluates the utilization of data processing equipment by SRS grantees (where costs are shared by the Federal Government.

Division of Internal Systems and Report Development. Serves as the principal staff resource for planning, direction, coordination and leadership in the development of systems for automation of internal SRS activities; conducts surveys and determines SRS information requirements; coordinates development and installation of all internal systems involving two or more SRS activities; conducts studies and provides internal system analysis services to SRS organizations; and designs, develops and installs SRS internal reports and reporting systems with the advice and assistance of the programs involved, the National Center for Social Statistics and the Division of State Systems Management.

Division of Forecasting and Trend Analysis. Provides advice to SRS management on the significance of changes and trends in statistics; analyzes data, determines trends, and develops forecasts; provides data and analyses for the budget; examines forecasts and data and develops guidelines for assistance of management; and designs special studies. Plans, directs, coordinates and leads SRS programs of assistance to the States in the development and utilization of statistical analysis and forecasting techniques for budgeting, program planning, and management of State programs. Conducts demonstrations and studies.

ASSOCIATE ADMINISTRATOR FOR FIELD OPERATIONS

The Associate Administrator for Field Operations is responsible for the direction, management and program coordination of the field activities of the Social and Rehabilitation Service. Serves as the focal point for identifying trends, patterns and problems in the field. Assists the Administrator and the Regional Commissioners in developing program operating plans in consonance with Social and Rehabilitation Service priority objectives.

Directs and coordinates the activities of the Director, Cuban Refugee Program; and the Regional Commissioners.

CUBAN REFUGEE PROGRAM

Administers the Cuban Refugee Program including: Financial assistance, resettlement services, emergency health services, assistance to public schools in impacted areas, loans to refugee students and protective care of minors. These programs are carried out through the Federal Cuban Refugee Emergency Center, voluntary resettlement agencies, and other Federal, State and local agencies.

NOTE: Organization charts filed as part of the original document.

Approved: June 1, 1970.

JOHN G. VENEMAN,

Acting Secretary.

[F.R. Doc. 70-6939; Filed, June 3, 1970; 6:51 a.m.]

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2. Add directly after the paragraph headed "Division of Special Populations" under the heading "Office for the Blind and Visually Handicapped" the following:

Provides for the full development of projects, programs, and services for individuals who suffer from blindness and visual handicaps. Reviews project grant applications as assigned to the Office for the Blind and Visually Handicapped, in accordance with agency guidelines, appropriate evaluative criteria, and central-regional office responsibilities. Assumes leadership for achievement of agency missions as assigned by the Commissioner on the basis of the office's special expertise. Provides leadership and consultation to regional offices, State agencies, and other grantees in the development and expansion of rehabilitation programs and services for the blind and visually handicapped. Maintains liaison and consultation with national organizations of and for the blind and with the blind community nationwide to serve as a focal point and to provide increased leadership and advocacy for the Nation's blind and visually handicapped. In collaboration with the Division of Special Populations and other appropriate agency staff, develops and implements program strategies and approaches to reach blind public assistance recipients and the blind and visually handicapped residents of target poverty communities (e.g., migratory agricultural workers). Within assigned area of responsibility, collaborates with the Office of Planning and Policy Development and other appropriate agency staff in the development of guidelines, manual issuances, and other directives for existing programs serving the blind and visually handicapped and for those programs mandated by legislative amendment, such as vocational education and juvenile delinquency. Develops appropriate methods to facilitate client participation in the formulation of program objectives within the agency and at the State agency and other grantee level.

3. Add directly after the paragraph headed "Office for the Blind and Visually Handicapped" under the heading "Office for Deafness and Communicative Disorders" the following:

Provides for the full development of projects, programs, and services for individuals who suffer from deafness and communicative disorders. Reviews project grant applications as assigned to the Office for Deafness and Communicative Disorders, in accordance with agency guidelines, appropriate evaluative criteria, and central-regional office responsibilities. Assumes leadership for achievement of agency missions as assigned by the Commissioner on the basis of the office's special expertise. Provides leadership and consultation to regional offices, State agencies, and other grantees in the development and expansion of rehabilitation programs and services for those persons suffering from deafness and communicative disorders. Maintains liaison and consultation with na-

tional organizations of and for the deaf and with the deaf community nationwide to serve as a focal point and to provide increased leadership and advocacy for the Nation's deaf and those suffering from communicative disorders. In collaboration with the Division of Special Populations and other appropriate agency staff, develops and implements program strategies and approaches to reach those persons suffering from deafness and communicative disorders who are on public assistance as well as such persons who are resident in target poverty communities (e.g., migratory agricultural workers). Within assigned area of responsibility, collaborates with the Office of Planning and Policy Development and other appropriate agency staff in the development of guidelines, manual issuances, and other directives for existing programs serving those suffering from deafness and communicative disorders and for those programs mandated by legislative amendment, such as vocational education and juvenile delinquency. Develops appropriate methods to facilitate client participation in the formulation of program objectives within the agency and at the State agency and other grantee level.

4. Strike out all that appears under the heading "Division of Planning and Management Assistance" and insert under the same heading the following:

Provides nonfinancial technical support and assistance to regional offices, State agencies and other grantees across agency programs. Develops planning and management procedures and methods of common application and implements such systems leading to improvement in overall program performance and goal achievement. Provides leadership in development of planning, operations, and management tools and methods to serve State agency and other grantee programs. With the assistance of the divisions concerned with program development, designs and provides consultative assistance in implementation of new program techniques through manual chapter instructions, guide materials, and on-site visits. Provides staff support and assistance to facilitate decentralization of agency functions in cooperation with field operations staff. Evaluates and assists State agencies in the development of comprehensive State plans.

5. Strike the heading "Division of Grant Administration" and all that follows under that heading and substitute the heading "Division of State Program Financial Operations" and the following:

Provides for the financial management of RSA formula grant programs. Provides support services in financial management within RSA and to regional offices. State agencies and across all agency programs. Develops and provides to the Division of Grants Administration, SRS, a financial plan for the administration of RSA project grants. Develops procedures, provides leadership, and evaluates the development and implementation of program and financial planning activities

Social and Rehabilitation Service REHABILITATION SERVICES ADMINISTRATION

Statement of Organization, Functions, and Delegations of Authority

Part 5 of the Statement of Organization, Functions, and Delegations of Authority for the Department of Health, Education, and Welfare (34 F.R. 1279, Jan. 25, 1969, as amended) is hereby further amended to reflect the reorganization of the Rehabilitation Services Administration. For such purposes, section 5-B is amended as follows:

1. Strike out all that appears under the heading "Division of Special Populations" and insert under the same heading the following:

Provides for the full development of projects, programs and services for individuals and groups who suffer from specific disabilities, except for blindness and visual handicaps, for deafness and communicative disorders, and for developmental disabilities, or who share common conditions or characteristics, medical or otherwise, which permit categorical identification. Reviews project grant applications as assigned to the Division of Special Populations, in accordance with agency guidelines, appropriate evaluative criteria, and central-regional office responsibilities. Assumes leadership for the achievement of agency missions as assigned by the Commissioner on the basis of the division's particular expertise. Provides leadership and consultation to regional offices, State agencies, and other grantees in the development and expansion of rehabilitation programs and services for all disability groups, except for the blind and visually handicapped, for those suffering from deafness and communicative disorders, and those with developmental disabilities. Develops and implements program strategies and approaches to reach public assistance recipients and the disabled residents of target poverty communities (e.g., migratory agricultural workers). Within assigned area of responsibility, collaborates with the Office of Planning and Policy Development and other appropriate agency staff in the development of guidelines, manual issuances and other directives for existing programs serving various disability groups and for those programs mandated by legislative amendment such as vocational education and juvenile delinquency. Develops appropriate techniques to facilitate client participation in the formulation of program objectives within the agency and at the State agency and other grantee level.

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of the PPBS type by State agencies. Assists State agencies in developing capabilities to provide program financial inputs to overall RSA short and long-term program planning. Consolidates the administration of agency grant programs. Assists the Budget Division in the formulation, justification and execution of the legislative budget, including the budgetary call for estimates from State agencies. In cooperation with the Division of Planning and Management Assistance, provides financial consultative support to regional offices and State agencies, including preparation of permanent manual chapters, forms, and other assistance. Applies statutory formulae for allotment of funds across all agency appropriations. Makes analyses of and coordinates all audit reports and negotiates audit exceptions for the agency. Monitors the accuracy and timeliness of State agency fiscal reports and financial data. Designs and develops systems for processing program financial data and reports with the assistance of the Division of Monitoring and Program Analysis. Develops and interprets administrative and fiscal policies and procedures governing the use of formula grants funds including the cost principles to be applied in the preparation of grant applications and budgets. Makes special studies of problem areas in the application of fiscal management policies, procedures and standards. Prepares uniform terminology standards of policies and procedures for grants administration and fiscal management. In support of the Office of Planning and Policy Development, reviews new legislation and legislative proposals relating to grants to determine their conformance with established grant policies and recommends policy revisions when necessary. Under the coordination of the Office of Planning and Policy Development, establishes and maintains working relationships with other Federal agencies, grantee institutions and State agencies in order to develop and coordinate grant policies and procedures. Establishes and maintains proper fiscal management, including the accountability of funds, for grant programs administered by RSA which are delegated to Regional Offices.

6. Strike out all that appears under the heading "Budget Division" and insert under the same heading the following:

Provides budgetary services and assistance to the agency and maintains associated liaison services with the department and SRS. In conjunction with the Division of State Program Financial Operations and in cooperation with the Office of Planning and Policy Development and other program units, formulates, justifies, and executes the legislative budget. Provides technical assistance in ensuring implementation of departmental budgetary directives. Assists the Division of State Program Financial Operations in preparation of financial reports and summaries, and adoption of improved internal financial analysis procedures and methods. Cooperates with the Office of Planning and Policy De-

velopment and with other program units in the formulation of short- and long-term program financial planning methods.

Approved: June 2, 1971.

ELLIOT L. RICHARDSON,

Secretary.

[FR Doc. 71-8013 Filed 6-8-71; 8:48 am]

zation of the Medical Services Administration. For such purposes, section 5-B is amended as follows:

By striking out all that follows under the heading "Medical Services Administration" and inserting in lieu thereof the following:

"The mission of the Medical Services Administration is to provide leadership in the planning, development, coordination, and administration of the programs under title XIX of the Social Security Act, as amended.

OFFICE OF THE COMMISSIONER

The Commissioner, with the assistance of the Associate Commissioners, directs the planning, coordination, and development of the programs under title XIX of the Social Security Act, as amended, and the development of effective relationships between these programs and other federally supported health and health related programs.

Within broad Department of Health, Education, and Welfare and Social and Rehabilitation Service policy and guidelines and subject to the health policy direction and other authority of the Assistant Secretary for Health and Scientific Affairs, the Medical Services Administration establishes program goals and objectives; develops policies, standards, and guidelines to accomplish stated goals; provides program management guidance to the regional office staffs and coordinates with the Regions on individual State problems; develops modifications and innovations in program and in administration; works with and coordinates with other Social and Rehabilitation Service organizations and related health components of the Department to organize training programs to promote and provide skilled medical and medically related manpower to better assist the needy; obtains, analyzes, and provides information related to medical assistance; develops and implements appropriate information and payment systems; maintains relationships with a variety of governmental and nongovernmental organizations who have an interest in the health and welfare of the Nation and who have an impact on Medical Services Administration programs; evaluates progress in administration of the title XIX programs and takes required action to direct or redirect efforts to achieve program objectives; proposes legislation to provide for changing needs of program directions and for financing of better health care to program recipients; promotes experimental programs in financing of health delivery systems; provides administrative management services; performs public information and public inquiries activities; conducts program and administrative budget activities; and coordinates its activities and programs with other concerned SRS organizations. Provides management support to the Medical Assistance Advisory Council.

OFFICE OF PROGRAM PLANNING AND EVALUATION

Develops policies and plans for the development and coordination of financing

aspects of the Federal/State medical care programs for persons eligible under applicable titles of the Social Security Act. Determines statistical data to be collected; and maintains records of characteristics of State title XIX plans. Develops the program budget for title XIX programs. Conducts studies of the economy with emphasis on areas relating to the medical aspects of the title XIX programs. Coordinates with all other health-related Department of Health, Education, and Welfare policymaking agencies and other governmental and nongovernmental organizations interested in health care for the poor. Develops legislative proposals for improvements in medical assistance to the needy; serves as the focus in Medical Services Administration for activities related to support of the Department's legislative objectives. Develops objectives and goals for Medical Services Administration; guides program and administrative planning; reviews total program effort and prepares appraisal of programs of national impact; serves as a focus for Medical Services Administration research and evaluation activities.

OFFICE OF PROGRAM INNOVATION

Develops modifications and innovations in the administration of title XIX programs; promotes experiments in funding arrangements for health plans; collaborates with related Federal and other interested agencies in developing and implementing new health systems concepts to assure that title XIX activities are supportive of general systems improvements; coordinates title XIX support of demonstration projects and analytic studies concerned with reducing the cost of making high quality care available to the indigent.

DIVISION OF POLICY AND STANDARDS

Develops and prepares policies, standards and guides except for long-term care for program participation, operations, administration, and related areas; insures that program policies, standards, and other issuances are consistent with those of the Health Service and Mental Health Administration and with the Social Security Administration; develops reimbursement standards for skilled nursing homes, hospitals, and other providers of medical care under title XIX programs; coordinates with Regions on individual State problems.

DIVISION OF LONG-TERM CARE

Develops and prepares policies, standards and guides for program participation, operations, administration relating to long-term care which includes skilled nursing homes, mental hospitals, intermediate care facilities, home health care and licensure of nursing home administrators; insures that policies and issuances for long-term care are consistent with those of other HEW agencies; provides technical assistance and consultation to the regions; coordinates with regions on individual State problems; proposes legislation to provide for changing needs in long-term care; participates

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Office of the Secretary

SOCIAL AND REHABILITATION
SERVICE

Statement of Organization, Functions,
and Delegations of Authority

Part 5 of the Statement of Organization, Functions, and Delegations of Authority for the Department of Health, Education, and Welfare, Social and Rehabilitation Service (34 F.R. 1279, January 23, 1969, as amended) is hereby further amended to reflect the reorgani-

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in manpower development and training programs relating to long-term care.

DIVISION OF PROGRAM MONITORING

Provides technical assistance, instruction and guidance to regions in monitoring and review of State administration of the Medicaid program; analyzes the adequacy of Medicaid monitoring and reporting activities; acts as the focal point in the Medical Services Administration for HEW and General Accounting Office audits and assures that corrective action is carried out; participates with other SRS and HEW elements in developing principles and guidelines for combined health program monitoring systems and audits.

DIVISION OF MANAGEMENT SYSTEMS

Plans and develops model systems, procedures, criteria, and specifications required for the improvement of the management of the Medicaid programs in the area of claims processing, payments, management information, administrative systems and procedures; provides technical assistance to the regions and coordinates with the regions on individual State problems; develops external personnel training and manpower development programs for Regional Offices and State agencies; provides consultation and liaison for EDP systems.

Dated: June 14, 1972.

**STEVEN D. KOHLERT,
Deputy Assistant Secretary
for Management.**

[FR Doc.72-9440 Filed 6-21-72; 8:51 am]

NATIONAL INSTITUTES OF HEALTH

Statement of Organization, Functions, and Delegations of Authority

Part 8 (National Institutes of Health) of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health, Education, and Welfare, as amended, is hereby amended as follows:

Sec. 8A *Mission*: Delete subsection (4).

Sec. 8B *Organization and Functions*: Delete the title and functional statement for the Division of Biologics Standards (8V).

Dated: June 23, 1972.

WAYNE M. WILSON,
Acting Deputy Assistant
Secretary for Management.

[FR Doc.72-9890 Filed 6-28-72;8:51 am]

PUBLIC HEALTH SERVICE AND FOOD AND DRUG ADMINISTRATION

Statement of Organization, Functions, and Delegations of Authority

Part 6 (Food and Drug Administration) of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health, Education, and Welfare (35 F.R. 3685-92, dated February 25, 1970, as amended) is amended to reflect the transfer of the Division of Biologics Standards, National Institutes of Health, to the Food and Drug Administration, and the elevation of the Division to Bureau status.

Section 6A is amended as follows:

Sec. 6-A *Mission*. The mission of the Food and Drug Administration (FDA) is to protect the public health of the Nation as it may be impaired by foods, drugs, biological products, cosmetics, therapeutic devices, hazardous household substances, poisons, pesticides, food additives, flammable fabrics and various other types of consumer products. FDA's regulatory functions are geared to insure that: Foods are safe, pure, and wholesome; drugs and biological products are safe and effective; cosmetics are harmless; therapeutic devices are safe and effective; all of the above are honestly and informatively labeled and packaged; dangerous household products carry adequate warnings for safe use and are properly labeled; counterfeiting of drugs is stopped; and that hazards incident to the use of various types of consumer products are reduced.

Section 6B is amended as follows:

Sec. 6B *Organization* * * *

(r) *Bureau of Biologics*. Administers regulation of biological products used in the District of Columbia and in interstate commerce; and prepares biological products for its own use and for use by other Federal and private agencies and organizations engaged in medicine when such products are not available commercially. In carrying out these functions, cooperates with other PHS organizations, governmental and international agencies,

volunteer health organizations, universities, individual scientists, nongovernmental laboratories, and manufacturers of biologicals.

Dated: June 23, 1972.

WAYNE M. WILSON,
Acting Deputy Assistant
Secretary for Management.

[FR Doc.72-9889 Filed 6-28-72;8:51 am]

SOCIAL AND REHABILITATION SERVICE

Statement of Organization, Functions, and Delegations of Authority

Part 5 of the Statement of Organization, Functions, and Delegations of Authority for the Department of Health, Education, and Welfare (35 F.R. 8713, June 4, 1970), is hereby amended with regard to Section 5-B, Organization and Functions, for the purpose of reorganizing the Office of Research and Demonstrations. Section 5-B of the statement is hereby amended as follows:

Office of the Assistant Administrator, Research and Demonstrations, is superseded by the following:

OFFICE OF THE ASSISTANT ADMINISTRATOR, RESEARCH AND DEMONSTRATIONS

Manages the overall R. & D. program of SRS so that it is responsive to program goals and needs. Responsible for the operational aspects of the development and administration of research contracts and intramural activities, domestic and international research grants-in-aid, and interchange of experts. Suggests new and expanded program goals to meet the needs of SRS-relevant groups based on research findings. Administers the R. & D. program in cooperation with Bureau/Office Chiefs in planning, strategy development, program management, project management and monitoring, program and project evaluation, and research utilization. Provides for the development of policies, regulations and procedures covering these operations throughout SRS. Maintains relationships with SRS-related research organizations and agencies, including international organizations. Cooperates with the Department of State and appropriate American embassies, to insure that international policies and programs are in agreement with U.S. foreign policy. Conducts training programs for nationals of other countries in U.S. methods and techniques in social and rehabilitation services. Evaluates policy statements and program proposals of the U.N., ILO, WHO, and related agencies.

DIVISION OF STUDIES ON REHABILITATION AND EMPLOYABILITY

In cooperation with bureau staffs, develops a program of domestic and international research and demonstrations to solve problems of physical, mental, and cultural disabilities with a general purpose of employment. Responsible for the establishment and monitorship of special centers for research and training in

areas of concern to SRS; including the National Center for the Deaf-Blind and Regional Research Institutes in Rehabilitation and in Employability. Participates in the development of policies, regulations, and procedures covering these operations throughout SRS. Develops methods for the evaluation of research findings. Maintains relationships with international and domestic public and private agencies in relevant research areas, and promotes interchange of research scientists and experts between the United States and foreign countries in response to indicated domestic needs. Stimulates research together with Bureau personnel and encourages coordinated research, training and client services to meet relevant program needs.

DIVISION OF STUDIES ON SOCIAL SERVICES AND LIFE SUPPORT

In cooperation with bureau staffs, develops a program of domestic and international research and demonstrations to solve problems of social, cultural, and economic deprivation, including child welfare, services to youth, Medicare, as well as health services to the poor, including Medicaid. Responsible for the establishment and monitorship of Social Welfare Regional Research Institutes and related centers and institutes. Participates in the development of policies, regulations, and procedures covering these operations throughout SRS. Develops methods for the evaluation of research findings. Maintains relationships with international and domestic public and private agencies in relevant research areas, and promotes interchange of research scientists and experts between the United States and foreign countries in response to indicated domestic needs. Stimulates research, together with Bureau personnel, to meet relevant program needs.

DIVISION OF RESEARCH UTILIZATION

Develops a program of research utilization and interpretation of research results under all existing authorities (rehabilitation, aging, child welfare, cooperative research, demonstration grants, international, etc.) to solve problems of physical, mental, social, cultural, and economic deprivation, working closely with bureau personnel. Participates in the development of policies and procedures covering these operations throughout SRS. Together with bureau personnel, stimulates research in the area of research utilization. Maintains an inventory of final project reports in all appropriate areas. Responsible for dissemination of final reports and report interpretation. Coordinates with bureaus to assure incorporation of significant findings into policy and practice.

SPECIAL AGING STAFF

Develops a program of domestic and international research and demonstrations to solve the problems of older persons, working closely with the Administration on Aging and other organizations. Provides for the development of policies, regulations, and procedures covering

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these operations throughout SRS. Develops methods for the evaluation of research findings. Maintains relationships with international and domestic public and private agencies in relevant research areas, and promotes interchange of research scientists and experts between the United States and foreign countries in response to indicated domestic needs. Stimulates research together with bureau personnel to meet program needs.

Dated: June 22, 1972.

WAYNE M. WILSON,
Acting Deputy Assistant Secretary
for Management.
[FR Doc.72-9891 Filed 6-28-72;8:51 am]

thority for the Department of Health, Education, and Welfare, Social and Rehabilitation Service (34 FR 1279, January 25, 1969, as amended) is hereby further amended to reflect the establishment of the Office of the Associate Administrator for Information Systems. For such purpose section 5-B is amended as follows:

Delete the Office of the Assistant Administrator for Program Statistics and Data Systems in its entirety and delete the Division of Management Systems from the Medical Services Administration and insert after the statement for the Associate Administrator for Management the following:

**OFFICE OF THE ASSOCIATE ADMINISTRATOR
FOR INFORMATION SYSTEMS**

Provides direction and control for all activities and functions of the Social and Rehabilitation Service related to statistical analysis, systems analysis, systems design, data reporting and reporting requirements, data processing, teleprocessing and the development, design, implementation and continued use of Information and automated Management Systems; coordinates and disseminates related DHEW Statistical and ADP policy; coordinates and disseminates SRS policy supplements to DHEW Statistical and ADP policy; directs the planning, development and implementation activities of the SRS Management Information System; provides statistical analysis, systems analysis, systems design, data reporting, data processing and teleprocessing services to all SRS organizations; directs and controls the related activities between SRS and all other organizations; provides advice, consultation and assistance to the States on data automation, systems analysis, information systems, statistical analysis and forecasting and the utilization of these tools for more effective management.

OFFICE OF SYSTEMS PLANNING AND EVALUATION

Serves as the principal staff advisor to the Associate Administrator for Information Systems in the planning, evaluation and coordination of management information systems in support of SRS missions. Identifies priority systems developmental activities supportive of SRS program goals and objectives. Develops and administers a unified system development program for long-range planning, monitoring and evaluation of management systems in consonance with Federal, DHEW and SRS policy. Responsible for liaison with appropriate SRS staff offices to identify and assure the development of automated and non-automated internal systems supportive of SRS management and administration. Responsible for the development and/or coordination of Department-wide systems efforts in support of SRS internal management and administration. Maintains liaison with and coordinates SRS internal management system development with the Regional Offices. Monitors State system activities through the Office of State Systems Operations,

**DEPARTMENT OF HEALTH,
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SOCIAL AND REHABILITATION SERVICE

Statement of Organization, Functions,
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Part 5 of the Statement of Organizations, Functions, and Delegation of Au-

for MIS planning. Responsible for the investigation and evaluation of automated systems throughout the Federal Government relative to their potential application to SRS needs. Conducts program reviews and audits, as required, at the direction of the Associate Administrator for Information Systems. Evaluates proposed information systems to ensure that they are feasible in terms of developmental and operating costs, potential benefits, and are responsive to Federal, State and local objectives and capabilities. Monitors systems under development to assure that objectives are being achieved within planned schedule and cost estimates. Participates with the Office of Program Systems Development and the Office of Information Sciences in the evaluation of systems proposals to assure: adherence to established policy, inclusion of appropriate levels of information, avoidance of redundant developmental efforts, and effective coordination of systems and programmatic objectives.

OFFICE OF PROGRAM SYSTEMS DEVELOPMENT

Responsible for liaison with appropriate SRS Bureaus to specify, plan, develop and deliver automated and non-automated systems for management and administration of the Medical Services, Assistance Payments, Community Services and Rehabilitation Services Programs. Provides project management for systems tasks utilizing resources from the Office of Information Sciences. Produces model systems for use by State and local agencies and provides technical assistance. Maintains liaison with State, local and SRS Regional components as required through the coordination activities of the Office of State Systems Operations. Provides systems support and documentation for use by the Office of Systems Planning and Evaluation in operating the SRS Management Information System.

DIVISION OF MEDICAID SYSTEMS

Responsible for liaison with appropriate SRS Bureaus to specify, plan, develop, and deliver automated and non-automated systems for management and administration of the Medicaid program. Provides project management for systems tasks approved by the Director of Program Systems Development, utilizing resources from the Office of Information Sciences as necessary. Produces model systems for use by State and local agencies and provides technical assistance. Maintains liaison with State, local and SRS Regional components as required through the coordination activities of the Office of State Systems Operations. Provides systems support and documentation for use by the Office of Systems Planning and Evaluation in operating the SRS Management Information System.

DIVISION OF INCOME MAINTENANCE SYSTEMS

Responsible for liaison with appropriate SRS Bureaus to specify, plan, develop, and deliver automated and non-automated systems for management and

administration of the income maintenance program. Provides project management for systems tasks approved by the Director of Program Systems Development, utilizing resources from the Office of Information Sciences as necessary. Produces model systems for use by State and local agencies and provides technical assistance. Maintains liaison with State, local and SRS Regional components as required through the coordination activities of the Office of State Systems Operations. Provides systems support and documentation for use by the Office of Systems Planning and Evaluation in operating the SRS Management Information System.

DIVISION OF HUMAN SERVICES SYSTEMS

Responsible for liaison with appropriate SRS Bureaus to specify, plan, develop and deliver automated and non-automated systems for management and administration of human services programs. Provides project management for systems tasks approved by the Director of Program Systems Development, utilizing resources from the Office of Information Sciences. Produces model systems for use by State and local agencies and provides technical assistance. Maintains liaison with State, local and SRS Regional components as required through the coordination activities of the Office of State Systems Operations. Provides systems support and documentation for use by the Office of Systems Planning and Evaluation in operating the SRS Management Information System. Develops service delivery management systems which support both rehabilitation and social services requirements. Develops and maintains classification systems that serve as standards for problems, services, client characteristics, service units, and needs, in support of rehabilitation and social service requirements.

OFFICE OF INFORMATION SCIENCES

Directs the design, development, operation and evaluation of management information handling processes, data processing, and statistical activities. Serves as the central staff resource of technical skills involving statistics, data processing, systems analysis and standards development for information systems. Provides direction in areas of systems analysis, programming, statistical analysis and forecasting, modeling and simulation, management studies, requirements definition, standards development, program and system evaluation and development of system procedures. Participates in planning policy direction, staff coordination, and technical assistance in the analysis, development, management and evaluation of all SRS information systems.

DIVISION OF FORECASTING AND DATA ANALYSIS

Prepares forecasts (consistent with existing laws and regulations) and projections (consistent with hypothetical alternative laws and regulations which are under consideration) of client populations and program expenditures for

major SRS programs, by State, over periods of several future years, designed to meet the information needs of SRS and DHEW policy-makers, and program managers of State government agencies administering SRS programs. Designs, develops, tests, and operates a dynamic computer simulation model system in support of the above function. Develops data bases and parametric functional relationships applicable to SRS client populations needed for incorporation into the computer simulation model system. In performing all of the above functions, utilizes to the maximum feasible extent the results of research by other government and private research agencies. Advises the National Center for Social Statistics on needs for statistical data relevant to the above functions. Plans, directs, coordinates, and leads SRS programs of assistance to the States in the development and utilization of statistical and forecasting techniques. Assists other components of the Office of the Associate Administrator for Information Systems in the development and testing of information systems prior to adoption by the State agencies or by SRS.

Supports SRS program planning and evaluation by developing and analyzing statistical measures of the impact of SRS programs; of needs for and gaps in services provided by the programs; of the effectiveness of State agency programs and operations; of the effectiveness of Federal legislation, and SRS policies. Determines the statistical needs of SRS in cooperation with the Office of Program Planning and the SRS Bureaus; develops the necessary information systems and studies; analyzes data in relation to social and economic trends and conditions.

DIVISION OF DATA PROCESSING

Provides planning, policy, direction and technical services in the field of automatic data processing; develops and implements all information systems in support of SRS management requirements. Programs and implements computer systems in support of Program Bureaus, Regions and States. Controls and operates all computer-based systems (software development, hardware acquisition, rental and maintenance) within SRS; provides data preparation, processing and communication services. Responsible for ADP services for internal support and for programming and data processing for support of other areas. Performs all administrative duties associated with ADP, including but not limited to cost control, procurement, supply requisitioning, training and technical writing. Maintains direct liaison with external offices on ADP matters and provides consultation on matters pertaining to ADP technology.

DIVISION OF SYSTEMS ANALYSIS AND DESIGN

Serves as the principal staff resource for the analysis and design of information systems and processes for SRS Program Bureaus. Provides information integration and coordination services to

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these organizations. Conducts surveys and determines information requirements. Develops systems method, procedures and standards for SRS systems design, analysis and developmental activities. Provides analysis and planning of all activities involving the design, implementation, operation or Federal sponsorship, regardless of funding source, of information systems at the Federal, State and local levels. Plans and conducts demonstration projects whose principal purpose is to research and demonstrate information systems techniques and application.

NATIONAL CENTER FOR SOCIAL STATISTICS

Collects and compiles all statistical data reported to SRS. Publishes statistical data. Provides staff coordination, direction, and advice for all mathematical and statistical activities in SRS. Provides technical direction to regional statistical staff and develops and maintains methods and procedures for controlling the quality of reported statistical data; participates in developing and carrying out staff development (training) for State staff employed in research statistics units.

OFFICE OF STATE SYSTEMS OPERATIONS

Serves as the principal coordinating office for systems and Management Information Systems (MIS) in support of SRS programs in the States. Develops and maintains profiles describing for each State the MIS posture, systems development and operations progress and plans, and the State organizational influences upon such activities.

Provides appropriate information to the other elements of the Office of the Associate Administrator for Information Systems to support their respective activities, and acts as liaison between these elements and the States. Provides technical assistance to States in concert with other Information Systems elements and Regional Office participation, to plan for and implement MIS improvements through adoption of model systems. Acts as the control point for review and approval of all applications from States for Federal financial participation in the acquisition of ADP equipment or the design, development, and operation of automated management systems in support of SRS programs. To the extent cities, counties, or State regions are involved directly with SRS in management systems activities, the Office of State Systems Operations has the appropriate coordination responsibility.

With other Information Systems elements and the Regional organization evaluates the effectiveness of the systems developed and equipment utilization by the State and local agencies through Federal financial participation in support of SRS programs. Develops plans and proposals to improve the effectiveness of SRS funded systems utilized by the States.

DIVISION OF TECHNICAL ASSISTANCE

Serves as the principal coordinating office for MIS operations in support of

SRS programs in the States and Territories. Develops and maintains profiles describing for each State and Territory the MIS posture, systems development and operations progress and plans, and the State organizational influences upon such activities. Assesses individual State MIS needs and formulates with Regional Office participation, plans and proposals for improving State systems. Evaluates State MIS requirements from a National perspective and prepares model systems proposals to meet those requirements, for development by the Office of Program Systems Development. Provides technical assistance to States, in concert with Regional Office organizations, to plan for, and implement, MIS improvements through adoption of model systems. Provides technical assistance, to States, as required, in other matters relating to MIS activity.

DIVISION OF SYSTEMS APPROVALS

Reviews and approves applications from States for Federal financial participation in the acquisition of ADP equipment or the design of automated information systems in support of SRS programs. Provides technical guidance and direction to Regional office organization relating to ADP equipment acquisition and utilization by State and local agencies. Develops regulations for State and local agencies to follow in applying for Federal financial participation in the cost of ADP equipment acquisition and systems development in support of SRS programs. Evaluates the effectiveness of the use of federally funded ADP equipment by State and local agencies through review of surveys conducted by Regional Office, through review of periodic utilization reports and through on-site visits. Develops plans and proposals to improve the effectiveness of ADP equipment utilization in the States funded by SRS.

Dated October 1, 1973.

ROBERT H. MARIK,
*Assistant Secretary for
Administration and Management.*

[FR Doc.73-21353 Filed 10-5-73; 8:45 am]

J. THE OFFICE OF HUMAN DEVELOPMENT

**Office of the Secretary
ASSISTANT SECRETARY FOR HUMAN
DEVELOPMENT**

**Statement of Organization, Functions, and
Delegations of Authority**

Part 1 of the Statement of Organization, Functions, and Delegations of Authority is amended to include these changes: (1) Amendment to Chapter 1R (38 FR 17260-1, 6/29/73). This chapter is revised to include information on the newly-established Office for the Handicapped which replaces the Office of Mental Retardation Coordination, and on the Office of Native American Programs.

(2) Addition of a new Subchapter 1R55, Office for the Handicapped. This new subchapter describes in detail the mission, organization, and functions of the Office for the Handicapped. (3) Addition of a new Subchapter 1R60001, President's Committee on Mental Retardation. This new subchapter describes in detail the mission, organization, and functions of the President's Committee on Mental Retardation.

1R00. Mission. Serves as the principal staff adviser to the Secretary and the Under Secretary on matters dealing with special populations served by the Department, including the aging, children, youth, Native Americans, the mentally retarded, the handicapped, and those living in rural areas; recommends to the Secretary action for improving coordination and government-wide effectiveness in these areas; provides responsive and effective programs for groups of people and ensures that other Department programs also recognize and serve the needs of these people; directs, coordinates, and manages Human Development programs, ordering priorities within the Office of Human Development, approving strategies and ensuring that lines of communication to the Secretary, other HEW operating programs, and interest groups are open and responsive. Provides information for departmental policy-making.

1R10. Organization. The Office of the Assistant Secretary for Human Development, headed by the Assistant Secretary for Human Development who reports directly to the Secretary, consists of:

A. Immediate Office of the Assistant Secretary for Human Development.

B. Office of Administration and Management.

C. Office for the Handicapped.

D. President's Committee on Mental Retardation.

E. President's Council on Physical Fitness and Sports.

F. Office of Child Development.

G. Office of Youth Development.

H. Administration on Aging.

I. Office of Rural Development.

J. Office of Native American Programs.

1R20. Functions. Detailed functions of certain organizational elements of the Office of the Assistant Secretary for Human Development will be described in separate subchapters.

Functions. A. Immediate Office of the Assistant Secretary. Provides executive direction, leadership and guidance to all regional offices and ASHD components for the operation of Human Development programs. Determines the need for and approval of policy, basic systems, including handicapped program systems, and procedures, organization, program, budget plans, and Delegations of Authority which guide Human Development operations.

Directs planning development and coordinates all planning activities for ASHD, including OPS and long range planning. Tracks and reports progress on planning activities for the Assistant Secretary.

Functions. B. Office of Administration and Management. The Office of Administration and Management provides executive administrative management to ASHD offices; develops and recommends to the ASHD policy, systems, procedures, plans, organizational changes and management improvements; implements approved strategies throughout the various ASHD offices; focal point for budget activities of ASHD offices including budget development, justification, execution development of policies and procedures, and liaison with AS Comptroller for ASHD and its offices; liaison with appropriate OS offices for expenditure controls and responsible for expenditure controls within ASHD; develops, coordinates, and implements grants policy in conjunction with appropriate HEW policy and procedures; responsible for ASHD grants administration, including developing procedures and requirements for processing and review; recommends approval of certain grant actions; liaison with appropriate HEW contracting offices; responsible for provision of administrative and technical support for contracts, provides staff support to ASHD offices on all management issues.

The Office of Administration and Management is responsible for Management Analysis including: management studies of the ASHD organization, manpower utilization, methods analysis, cost reduction, and establishing standards; provides technical and staff assistance to ASHD; and provides unified Data Systems Management for ASHD organizations. The office serves as a focal point for studies and initiatives for ASHD organizations; responsible for administrative management functions, including personnel functions in conjunction with the Office of The Secretary Personnel Office, centralized support services, procurement, space allocation of ASHD office, processing travel requests and claims and other general administrative duties.

Functions. C. The Office for the Handicapped. Serves as the focal point for coordination and evaluation of Department-wide policies, programs, procedures, and activities related to the handicapped and mentally retarded; serves in an advisory capacity to the Secretary in regard to issues related to the administration of the Department's handicapped and mental retardation programs. Detailed description of the functions of the Office appear in Subchapter 1R55.

Functions. D. The President's Committee on Mental Retardation. Provides service and assistance in the areas of mental retardation as the President may require; evaluates the national effort to combat mental retardation and assists in the coordination of Federal, State, local, and private program review and planning activities in the mental retardation field; assists in the formulation of new program initiatives.

Functions. E. President's Council on Physical Fitness and Sports. The function of the President's Council on Physical Fitness and Sports is to carry out

responsibilities stated in Executive Order 11562; these functions include establishing a program of Physical Fitness and Sports, advising the President and Secretary on Physical Fitness and Sports, coordinating the conference on Physical Fitness and Sports, and other duties as outlined in Executive Order 11562.

Functions. F. Office of Child Development. The function of the Office of Child Development is to advise the Secretary through the Assistant Secretary for Human Development and HEW agencies on Department plans and programs related to child development; to operate the Head Start and other related child service programs; and to provide leadership, advice, and services which affect the general well-being of children as mandated by the Act of April 9, 1912. Detailed functions of the Child Development will follow in Chapter 1R40.

Functions. G. Office of Youth Development. The function of the Office of Youth Development is to provide leadership in the planning, development, and coordination of those Federal programs that provide services to youth in danger of becoming delinquent. The Office coordinates its activities with other concerned Federal organizations to assure a unified approach to common target groups and to afford comprehensive services to the individual.

Within the authorities delegated to it, the Office of Youth Development administers, under the Juvenile Delinquency Prevention Act, Pub. L. 92-381, Federal grants and contracts designed to help State and local communities in providing community based preventive services including diagnosis and treatment, to youths who are in danger of becoming delinquent, to provide assistance in the training of personnel employed or preparing for employment in fields related to the provision of such services, and to provide technical assistance in such field. A detailed description will follow in Subchapter 1R20.

Functions. H. Administration on Aging. The Administration on Aging (AoA) is the Federal focal point for the needs, concerns, and interest of older persons and the principal agency for carrying out the programs of the Older Americans Act. It coordinates its activities with public and private organizations at the national, State, and local level to assure that the elderly are adequately considered in the planning and implementation of the programs of their organizations, and to promote the development of comprehensive and coordinated service systems to serve the elderly.

It develops program goals and objectives in terms of 5 year forward plans and current operational plans; conducts a research, development, and demonstration program to add to the basic knowledge about older persons' special capabilities and problems, and to develop and test new techniques designed to deal with the needs and problems of the elderly. assesses manpower requirements in the field of aging, makes reports and recommendations on meeting the manpower

needs, and designs and develops strategies for implementing the recommendations.

It analyzes the progress and problems of the programs of other agencies in serving the elderly; develops initiatives for improvements or innovations in these programs to better serve older persons; promotes coordination of the programs of the various agencies which affect the elderly.

It serves as a clearinghouse on information related to the problems of older persons and programs designed to deal with those problems; convenes conferences of public and private organizations concerned with the development and operation of programs for the elderly; analyzes and comments on budget and legislative proposals, program regulations, and program plans and initiatives from other agencies which would have impact on the elderly.

It administers a Federal-State-local grant program (Title III of the Older Americans Act) which provides support for: (a) State Agencies on Aging, which perform functions at the State level similar to those of the Administration on Aging at the Federal level; (b) Area Agencies on Aging, which provide leadership to public and private non-profit providers of services in their area in the development and implementation of a plan leading towards comprehensive and coordinated services for the elderly, and provide selective funding support to agencies to stimulate implementation of the plan; and (c) local community projects in areas not served by an Area Agency on Aging to provide needed services which are not furnished by other agencies.

It administers a grant program for training and research (Title IV of the Older Americans Act) which provides support for: A broad range of training responsive to the changing needs of programs in the field of aging; appraising personnel needs in the field of aging; attracting qualified persons to the field of aging; the study of current patterns of living conditions of older persons; developing and demonstrating approaches and methods for improving coordination of community services; evaluating these approaches; and grants for multidisciplinary centers of gerontology.

It administers a grant program (Title V of the Older Americans Act) for the acquisition, alteration or renovation of multipurpose senior centers including the provision of mortgage insurance for multipurpose senior centers, and initial staffing of such centers.

It develops regulations, policies and procedures for the Title III, IV, V and VII programs; provides technical assistance to the State agencies in program development and operation; and monitors progress.

It evaluates the administration of program operations in terms of progress toward goals and achievements of objectives; uses the results of evaluations to review plans and improve programs.

A detailed description will follow in Subchapter 1R10.

Functions. I. Office of Rural Development. The Office of Rural Development is concerned with the delivery of HEW services to non-metropolitan areas in concert with revenue sharing.

The Director of the Office reports to the Assistant Secretary for Human Development.

The Office will identify barriers to the delivery of services; design and recommend human services delivery systems in rural areas, coordinate efforts with other Federal agencies to select target areas for delivery of human services, and represent the Department in interdepartmental task forces concerned with rural development.

Functions. J. Office of Native American Programs (ONAP). The Office of Native American Programs is concerned with the social and economic well-being and progress of American Indians and Alaskan Natives. The Office has primary responsibility for developing national policies and legislative proposals and for providing leadership activities designed to assist American Indians and Alaskan Natives. The Office administers a Federal grants program to eligible Indian tribes and groups and provides liaison with other Federal agencies on Indian affairs. It explores new program concepts and new methods for increasing Indian self-determination, fosters opportunities for the exercise of Indian leadership and the operation of Indian businesses, and encourages increased involvement of the private sector in economic development programs on reservations. A detailed description of the functions of the Office appears in Subchapter 1R91.

1R30. Delegations of Authority. Except as provided in section 1A-30 of the DHEW Organization Manual and in this section, the Assistant Secretary for Human Development has been delegated the following functions by the Secretary:

1. The functions vested in the Secretary by the Older Americans Act of 1965, (42 U.S.C. 3001 et seq.).

2. The functions vested in the Secretary by the Juvenile Delinquency Prevention Act (42 U.S.C. 3801 et seq.).

3. The authority under section 222 (a) (1) of the Economic Opportunity Act of 1964, delegated by the Director of the Office of Economic Opportunity to the Secretary (42 U.S.C. 2809 et seq.).

4. Such functions with respect to research, demonstration and training projects under section 426 of the Social Security Act to the extent of the funds appropriated to the Office of Child Development for this purpose.

OFFICE OF HUMAN DEVELOPMENT

OFFICE FOR THE HANDICAPPED; STATEMENT OF ORGANIZATION AND FUNCTIONS

A new Subchapter 1R55 Office for the Handicapped reads as follows:

1R55.00 Mission. The Office for the Handicapped (OFH) implements the provisions of section 405 of the Rehabilitation Act of 1973, by providing a focal

point within the Office of Human Development (OHD) for review, coordination, information and planning related to policies, programs, procedures and activities within HEW and other Federal agencies relevant to the physically and mentally handicapped.

1R55.10 Organization. The Office for the Handicapped is under the direction of the Director, OFH, who reports directly to the Assistant Secretary for Human Development. The Office includes a staff of specialists who are responsible for planning and evaluating programs, coordination, and the dissemination of information related to problems affecting the handicapped.

1R55.20 Functions. The Office for the Handicapped carries out its mission through the following functions:

1. Serves as the focal point in the Department for the consideration of issues and policies affecting the handicapped.

2. Prepares a long-range plan that includes projection for the provision of comprehensive services to handicapped individuals, and for programs of research, evaluation, and training related to such services and individuals.

3. Analyzes on a continuing basis: program operations to determine consistency with applicable provisions of law; progress towards meeting the goals and priorities set forth in the long-range plan; and the effectiveness of all programs providing services to all handicapped individuals. Seeks the elimination of unnecessary duplication and overlap in such programs under the jurisdiction of the Secretary.

4. Encourages coordinated and cooperative planning designed to produce maximum effectiveness, sensitivity, and continuity in the provision of services for handicapped individuals by all programs.

5. Develops means of promoting the prompt utilization of engineering and other scientific research to assist in solving problems in education, health, employment, rehabilitation, architectural, housing, and transportation barriers, and other areas so as to bring about full integration of all handicapped individuals into all aspects of society.

6. Provides a central clearinghouse for information and resource availability for handicapped individuals. This includes evaluation of information and data systems within the Department of Health, Education, and Welfare, other departments and agencies of the Federal government, public and private agencies and organizations of other sources.

OFFICE OF ASSISTANT SECRETARY FOR HUMAN DEVELOPMENT, PRESIDENT'S COMMITTEE ON MENTAL RETARDATION

STATEMENT OF ORGANIZATION AND FUNCTIONS

Part 1 of the Statement of Organization and Functions for the Department of Health, Education, and Welfare, Office of the Secretary, Assistant Secretary for Human Development is amended to add a new Subchapter 1R60001 which reads as follows:

Office of the Secretary
ASSISTANT SECRETARY FOR HUMAN
DEVELOPMENT

Statement of Organization, Functions, and
Delegations of Authority

1R60001.00 Mission. The President's Committee on Mental Retardation (PCMR), located in the Office of Human Development, DHEW, is responsible for advising and assisting the President on all matters pertaining to mental retardation.

The Committee, through the Assistant Secretary for Human Development, evaluates national, State and local mental retardation efforts, helps to coordinate relevant Federal activities, and facilitates communication between Federal, State and local agencies. In addition, the Committee informs the public about mental retardation and mobilizes support for related activities.

The Committee was established by Executive Order 11280 on May 11, 1966.

1R60001.10 Organization. The Committee consists of the Secretary of HEW, the Secretary of Labor, the Director of the Office of Economic Opportunity, and not more than twenty-one other members who shall be appointed by the President from public or private life. Staff support for the Committee is provided by an Executive Director and staff. The Executive Director reports to the Assistant Secretary for Human Development.

1R60001.20 Functions. A. The President's Committee on Mental Retardation shall provide such advice and assistance in the area of mental retardation as the President may from time to time request, including assistance with respect to:

(1) Evaluation of the national effort to combat mental retardation;

(2) Coordination of activities of Federal agencies in the mental retardation field;

(3) Provision of adequate liaison between such Federal activities and related activities of State and local governments, foundations, and other private organizations; and

(4) Development of such information, designed for dissemination to the general public, as will tend to reduce the incidence of mental retardation and ameliorate its effects.

B. The Committee shall make such reports or recommendations to the President concerning mental retardation as he may require or the Committee may deem appropriate. Such reports shall be made at least annually.

-Dated: March 15, 1974.

S. H. CLARKE,

*Acting Assistant Secretary for
Administration and Management.*

[FR Doc. 74-7333 Filed 3-28-74; 8:45 am]

Part 1 of the Statement of Organization, Functions, and Delegations of Authority is amended to add a new Chapter 1R, "Assistant Secretary for Human Development." This chapter supersedes Chapter 1L, "Assistant Secretary for Community and Field Services" and incorporates previously approved functional statements as follows: From Chapter 1L—Office of Youth and Student Affairs, the President's Committee on Mental Retardation and Office of Mental Retardation Coordination; from Chapter 1T—Office of Child Development and President's Council on Physical Fitness and Sports; from Part 5 "Social and Rehabilitation Service" the Advisory Committee on Aging, the Administration on Aging, and the Youth Development and Delinquency Prevention Administration. Chapter 1T03, The Office of Child Development, is redesignated 1R40. The organizational structures and the delegations of authority described in the foregoing functional statements will continue in effect within the new organization until officially superseded. This chapter reads as follows:

1R.00 Mission. Serves as the principal staff adviser to the Secretary and the Under Secretary on matters dealing with special populations served by the Department, including the aging, children, youth, Indians, the mentally retarded, and those living in rural areas; recommends to the Secretary action for improving coordination and government-wide effectiveness in these areas; provides responsive and effective programs for groups of people identified as having special problems and ensures that other Department programs also recognize and serve the needs of these people; directs, coordinates, and manages Human Development programs, ordering priorities within the Office of Human Development, approving strategies and ensuring that lines of communication to the Secretary, other HEW operating programs, and interest groups are open and responsive. Provides information for departmental policy-making.

1R.10 Organization. The Office of the Assistant Secretary for Human Development, headed by the Assistant Secretary for Human Development who reports directly to the Secretary, consists of:

A. Immediate Office of the Assistant Secretary for Human Development

B. Office of Administration and Management

C. Office of Mental Retardation Coordination

D. President's Committee on Mental Retardation

E. President's Council on Physical Fitness and Sports

F. Office of Child Development
G. Office of Youth Development
H. Administration on Aging
I. Office of Rural Development

1R.20 *Functions.* Detailed functions of certain organizational elements of the Office of the Assistant Secretary for Human Development will be described in separate sub-chapters.

Functions. A. Immediate Office of the Assistant Secretary. Provides executive direction, leadership and guidance to all regional offices and ASHD components for the operation of Human Development programs. Determines the need for and approves of policy, basic systems, and procedures, organization, program, budget plans, and Delegations of Authority which guide Human Development operations.

Directs planning development and coordinates all planning activities for ASHD, including OPS and long range planning. Tracks and reports progress on planning activities for the Assistant Secretary.

Functions. B. Office of Administration and Management. The Office of Administration and Management provides executive administrative management to ASHD offices; develops and recommends to the ASHD policy, systems, procedures, plans, organizational changes and management improvements; implements approved strategies throughout the various ASHD offices; focal point for budget activities of ASHD offices including budget development, justification, execution, development of policies and procedures, and liaison with AS Comptroller for ASHD and its offices; liaison with appropriate OS offices for expenditure controls and responsible for expenditure controls within ASHD; develops, coordinates, and implements grants policy in conjunction with appropriate HEW policy and procedures; responsible for ASHD grants administration, including developing procedures and requirements for processing and review; recommends approval of certain grant actions; liaison with appropriate HEW contracting offices; responsible for provision of administrative and technical support for contracts; provides staff support to ASHD offices on all management issues.

The Office of Administration and Management is responsible for Management Analysis including: management studies of the ASHD organization, manpower utilization, methods analysis, cost reduction, and establishing standards; provides technical and staff assistance to ASHD; and provides unified Data Systems Management for ASHD organizations. The office serves as a focal point for studies and initiatives for ASHD organizations; responsible for administrative management functions, including personnel functions in conjunction with the Office of the Secretary Personnel Office, centralized support services, procurement, space allocation of ASHD office, processing travel requests and claims, and other general administrative duties.

Functions C. The Office of Mental Retardation Coordination. Serves as a focal

point for coordination and evaluation of the Department's mental retardation activities and consideration of relevant Department-wide policies, programs, procedures, activities, and related matters; serves in an advisory capacity to the Secretary in regard to issues related to the administration of the Department's mental retardation programs; and serves as liaison for the Department with the President's Committee on Mental Retardation.

Functions D. The President's Committee on Mental Retardation. Provides service and assistance in the areas of mental retardation as the President may require; evaluates the national effort to combat mental retardation and assists in the coordination of Federal, State, local, and private program review and planning activities in the mental retardation field; assists in the formulation of new program initiatives.

Functions. E. President's Council on Physical Fitness and Sports. The function of the President's Council on Physical Fitness and Sports is to carry out responsibilities stated in Executive Order 11562; these functions include establishing a program of Physical Fitness and Sports, advising the President and Secretary on Physical Fitness and Sports, coordinating the conference on Physical Fitness and Sports, and other duties as outlined in Executive Order 11562.

Functions. F. Office of Child Development. The function of the Office of Child Development is to advise the Secretary through the Assistant Secretary for Human Development and HEW agencies on Department plans and programs related to child development; to operate the Headstart and other related child service programs; and to provide leadership, advice, and services which affect the general well-being of children as mandated by the Act of April 9, 1912. Detailed functions of the Office of Child Development will follow in Chapter 1R.40.

FUNCTIONS. G. Office of Youth Development. The function of the Office of Youth Development is to provide leadership in the planning, development, and coordination of those Federal programs that provide services to youth in danger of becoming delinquent. The Office coordinates its activities with other concerned Federal organizations to assure a unified approach to common target groups and to afford comprehensive services to the individual.

Within the authorities delegated to it, the Office of Youth Development administers, under the Juvenile Delinquency Prevention Act, Public Law 92-381, Federal grants and contracts designed to help States and local communities in providing community based preventive services, including diagnosis and treatment, to youths who are in danger of becoming delinquent, to provide assistance in the training of personnel employed or preparing for employment in fields related to the provision of such services, and to provide technical assistance in such field. A detailed description will follow in subchapter 1R.20.

FUNCTIONS. H. Administration on Aging. The Administration on Aging (AoA) is the Federal focal point for the needs, concerns, and interests of older persons and the principal agency for carrying out the programs of the Older Americans Act. It coordinates its activities with public and private organizations at the national, state, and local level to assure that the elderly are adequately considered in the planning and implementation of the programs of their organizations, and to promote the development of comprehensive and coordinated service systems to serve the elderly.

It develops program goals and objectives in terms of 5-year forward plans and current operational plans; conducts a research, development, and demonstration program to add to the basic knowledge about older persons' special capabilities and problems, and to develop and test new techniques designed to deal with the needs and problems of the elderly; assesses manpower requirements in the field of aging, makes reports and recommendations on meeting the manpower needs, and designs and develops strategies for implementing the recommendations.

It analyzes the progress and problems of the programs of other agencies in serving the elderly; develops initiatives for improvements or innovations in these programs to better serve older persons; promotes coordination of the programs of the various agencies which affect the elderly.

It serves as a clearinghouse on information related to the problems of older persons and programs designed to deal with those problems; convenes conferences of public and private organizations concerned with the development and operation of programs for the elderly; analyzes and comments on budget and legislative proposals, program regulations, and program plans and initiatives from other agencies which would have impact on the elderly.

It administers a federal-state-local grant program (Title III of the Older Americans Act) which provides support for: a) State Agencies on Aging, which perform functions at the state level similar to those of the Administration on Aging at the federal level; b) Area Agencies on Aging, which provide leadership to public and private non-profit providers of services in their area in the development and implementation of a plan leading toward comprehensive and coordinated services for the elderly, and provide selective funding support to agencies to stimulate implementation of the plan; and c) local community projects in areas not served by an Area Agency on Aging to provide needed services which are not furnished by other agencies.

It administers a grant program for training and research (Title IV of the Older Americans Act) which provides support for: a broad range of training responsive to the changing needs of programs in the field of aging; appraising personnel needs in the field of aging; attracting qualified persons to the field of aging; the study of current patterns

of living conditions of older persons; developing and demonstrating approaches and methods for improving coordination of community services; evaluating these approaches; and grants for multidisciplinary centers of gerontology.

It administers a grant program (Title V of the Older Americans Act) for the acquisition, alteration or renovation of multipurpose senior centers including the provision of mortgage insurance for multipurpose senior centers, and initial staffing of such centers.

It develops regulations, policies and procedures for the Title III, IV, V and VII programs; provides technical assistance to the state agencies in program development and operation; and monitors progress.

It evaluates the administration of program operations in terms of progress toward goals and achievements of objectives; uses the results of evaluations to revise plans and improve programs.

A detailed description will follow in subchapter 1R10.

Functions. I. Office of Rural Development. The Office of Rural Development is concerned with the delivery of HEW services to non-metropolitan areas in concert with revenue sharing.

The Director of the office reports to the Assistant Secretary for Human Development.

The office will identify barriers to the delivery of services; design and recommend human services delivery systems in rural areas, coordinate efforts with other Federal agencies to select target areas for delivery of Human services, and represent the Department in interdepartmental task forces concerned with rural development.

1R.30 Delegations of Authority. Except as provided in subsection 2-500 of the HEW Organization Manual (renumbered as section 1A-30), and in this section, the Assistant Secretary for Human Development has been delegated the following functions by the Secretary:

1. The functions vested in the Secretary by the Older Americans Act of 1965, 42 U.S.C. 3001 et. seq.

2. The functions vested in the Secretary by the Juvenile Delinquency Prevention Act, 42 U.S.C. 3801 et. seq.

3. The authority under Section 222(a) (1) of the Economic Opportunity Act of 1964, delegated by the Director of the Office of Economic Opportunity to the Secretary.

4. Such functions with respect to research, demonstration and training projects under Section 426 of the Social Security Act to the extent of the funds appropriated to the Office of Child Development for this purpose.

5. The functions of the Secretary under the Organic Act of the Children's Bureau (the Act of April 9, 1912).

6. **Continuation of regulations.** All regulations, rules, orders, authorities or statements of policy or interpretation heretofore issued with respect to the Administration on Aging, Youth Development and Delinquency Prevention Administration, Office of Child Development, President's Committee on Mental

Retardation, President's Committee on Physical Fitness and Sports, Office of Mental Retardation Coordination and Office of Youth and Student Affairs, are continued in full force and effect, under the authority of the Assistant Secretary for Human Development, until revised, superseded, or revoked.

Dated: June 15, 1973.

CASPAR W. WEINBERGER,
Secretary of Health,
Education and Welfare.

[FR Doc.73-13112 Filed 6-28-73;8:45 am]

FOOD AND DRUG ADMINISTRATION

Statement of Organization, Functions, and Delegations of Authority

Part 6 (Food and Drug Administration) of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health, Education, and Welfare (35 FR 3685-92, dated February 25, 1970, as amended) is amended to revise the existing overall functional statements for the Office of the Assistant Commissioner for Planning and Evaluation.

Section 6B is amended as follows:

(g) **Office of the Assistant Commissioner for Planning and Evaluation.** Advises and assists the Commissioner and other key officials concerning the performance of FDA long-range planning, development, and evaluation activities.

Develops program and planning strategy through analysis and evaluation of issues affecting policies and program performance.

Develops, installs, and monitors the Agency-wide planning system including the Five-Year Plan and the Strategic Plan.

Conducts operations research, and economic and special studies as a basis for forecasting trends, needs, and major problems requiring solution; and provides assistance and consultation in these areas to operating units.

Evaluates impact of external factors on FDA programs, including industry economics, consumer expectations, and protective legislation. As necessary, recommends new programs or changes in existing programs, and program priorities.

Develops FDA evaluation programs and systems to evaluate overall FDA program accomplishments against objectives and priorities, recommending changes as necessary.

Evaluates impact of FDA programs on consumer protection.

Develops and coordinates an Agency-wide system for the collection of medical data from hospitals, clinics, and other reporting units.

Dated: June 22, 1973.

ROBERT H. MARIK,
Assistant Secretary for
Administration and Management.

[FR Doc.73-13116 Filed 6-28-73;8:45 am]

Office of the Secretary ASSISTANT REGIONAL DIRECTOR FOR HUMAN DEVELOPMENT Organization, Functions, and Delegations of Authority

Part 1 of the Department of Health, Education, and Welfare Statement of Organization, Functions, and Delegations of Authority is hereby amended to establish a new Section 1E-80, Assistant Regional Director for Human Development. Part 1E-10—Organization is also amended to delete the Assistant Regional Director, Child Development and to add the Assistant Regional Director for Human Development.

The statement reads as follows:

Sec. 1E-80-00—Mission. The Assistant Regional Director for Human Development is responsible for planning, directing, coordinating, implementing and evaluating human development programs delegated to the Regional Offices within the framework of the policies and guidelines set forth by the Assistant Secretary for Human Development.

Sec. 1E-80-10—Organization. The Office of the Assistant Regional Director for Human Development includes:

Regional Program Director, Office of Child Development
Regional Program Director, Administration on Aging
Regional Program Director, Office of Youth Development

Sec. 1E-80-20—Functions. The Assistant Regional Director for Human Development:

(1) Serves under the direct line of authority of the Regional Director.

(2) Serves as the representative of the Assistant Secretary for Human Development and the Regional Director in direct official dealings with other Federal agencies, State and local activities related to Human Development Programs, and reports progress and status to the Regional Director and the Assistant Secretary for Human Development.

(3) Recommends program priorities and policy or procedural changes to the Assistant Secretary for Human Development through the Regional Director.

(4) Works with other elements of the Regional Office to ensure that all areas of OHD program operations in the Region receive necessary assistance, including programmatic and administrative management assistance to perform their mission effectively and efficiently.

(5) Maintains working relationships with other Federal agencies, State and local governments and institutions, and develops ways in which their plans and programs and those of the Department can actively complement each other.

(6) Ensures intra-departmental coordination between the Office of Human Development, other elements of the Office of the Regional Director, and the operating agencies of the Department on Human Development matters; serves as the advocate for those interests repre-

K. THE DEPARTMENT OF AGRICULTURE

NOTICES

improvement in the standard of living of all Americans. This Mission focuses on the development of technical information and technical products which bear directly on the needs to (1) manage and use the Nation's soil, water, air, and climate resources and improve the Nation's environment; (2) provide an adequate supply of agricultural products by practices that will maintain a permanent and effective agriculture; (3) improve the nutrition and well-being of the American people; (4) improve living and rural America; (5) strengthen the Nation's balance of payments; and (6) promote world peace.

In addition to the regular research program, ARS directs foreign research mutually beneficial to the United States and the host country which can be advantageously conducted in foreign countries.

The Agency conducts basic, applied, and developmental research in support of farm animals, plants, soil-water-and-air resources, marketing and use of agricultural products, food and nutrition, consumer services, agricultural health hazards, and environmental quality.

III. ORGANIZATION AND FUNCTIONS

The Agency's research is conducted at approximately 175 locations in the 50 States, Puerto Rico, the Virgin Islands, and in several foreign countries. Much of the work is conducted in direct cooperation with the State Agricultural Experiment Stations or other state and federal agencies. Central offices for the Administrator and his staff are maintained in the Washington, D.C. Metropolitan Area. The principal central staff offices and their functional responsibilities are described under paragraph A. The field activities are managed on a geographical basis through four Regional Offices, 20 Area Offices and seven major Research Centers. The Regional and Area Offices and Major Research Centers and their functional responsibilities are listed under paragraph B.

A. Central offices.

1. *Office of Administrator.* Provides overall leadership and direction to the programs and activities assigned to the Agricultural Research Service and provides advice and support to the Assistant Secretary for Conservation, Research and Education in formulation of national, agricultural research policy and coordinating research activities of the Department.

2. *National program staff: Livestock and veterinary sciences, marketing, nutrition, and engineering sciences, plant and entomological sciences, soil, water, and air sciences.* The National Program Staff is comprised of four functional units, each headed by an Assistant Administrator. Collectively, the National Program Staff is concerned with developing national plans for agricultural research, concentrating upon insuring the proper interaction, balance, and distribution of research effort and focusing upon major national policy and program issues. They serve as the Administrator's

principal staff arm for exercising his authority in managing ARS research programs nationally. To this end they are responsible for:

(a) Assisting the Administrator in establishing policy for all aspects of program planning, evaluation, budgeting, and coordination with emphasis on national programs, goals, and objectives.

(b) Conducting onsite reviews with scientists and their Regional and Area managers.

(c) Carrying out a national program evaluation and assessment of program balance considering inputs, objectives, needs, priorities, and plans.

(d) Assisting the Administrator in the presentation and defense of the ARS budget.

(e) Providing liaison needed at the national level with other Federal Departments and Agencies, Congress, agribusiness industries, commodity groups, and the public.

(f) Determining need for and planning and conducting national workshops that will provide interaction of research leaders and regional and area managers across regional and area lines in the pursuit of national program objectives.

(g) Developing, revising, and otherwise responsible for the program structure which describes the ARS national programs and technological objectives and serves as the guide for the development and coordination of program plans at locations within the field organization.

3. *Program analysis and coordination staff.* This Staff assists the Administrator, participating with the National Program Staff and the Regional Deputy Administrators in establishing policy and developing program plans, evaluation, budgeting, and coordination as related to national programs, goals, and objectives with respect to:

(a) Development of systems, procedures, models, and criteria needed for program review, evaluation, planning, and budget development, as well as program aids for resource allocation and reallocation.

(b) Coordination of the development of the Program and Financial Plan of the agency and cooperating with Budget and Finance Division in the development of the annual budget.

(c) Development of statistical methodology and analytical techniques for use in program planning and evaluation.

(d) Development and maintenance of the comprehensive program structure with crosswalks to programs, goals, missions, regions, locations, and with other task force activities.

(e) Coordination of the preparation and assembly of the aids and inputs to Congressional budget presentations.

(f) Coordination and maintenance of documentation of program plans.

(g) Cooperating with National Program Staff in program analysis at the national level, with emphasis on economic justification, technology assessment, cost-benefit analysis, and special

DEPARTMENT OF AGRICULTURE AGRICULTURAL RESEARCH SERVICE ORGANIZATION, FUNCTIONS, & DELEGATIONS OF AUTHORITY

This notice describes the basic organization of the Agricultural Research Service and the assignment of functions and delegation of authority to each of the major organization units that comprise the Service. This statement supersedes the notice of Organization, Authorities and Responsibilities of the Agricultural Research Service appearing at 33 FR 15485.

I. AUTHORITY

The Agricultural Research Service (ARS) was established on November 2, 1953, pursuant to authority vested in the Secretary of Agriculture by 5 U.S.C. 301 and Reorganization Plan No. 2 of 1953 (18 FR 3219). The Administrator of ARS reports to the Assistant Secretary for Conservation, Research, and Education. The delegations of authority to the Administrator of ARS to direct the activities of the Service are contained in 7 CFR 2.7 and 7 CFR 2.57.

II. BASIC MISSION

The Mission of ARS research is to develop new knowledge and technology which will insure an abundance of high quality agricultural commodities and products at reasonable prices to meet the increasing needs of an expanding economy and to provide for the continued

studies of an economic and technological nature.

(h) Coordination of the assembly, flow, and disposition of program planning and reporting documents.

4. *International programs division.* This Division is responsible for administration of the foreign research contract and grant activities for the Department of Agriculture carried out by foreign governments and scientific organizations under Public Law 480 and related legislation. The objectives of this program are (a) to develop fields of farm products research; (b) to bring about the greatest practical increase in the utilization of agricultural products; (c) to give impetus to solutions for existing problems of basic and applied research; and (d) to channel efforts of foreign scientists and research facilities for mutual economic benefit and to advance scientific knowledge. This Division is also responsible for overall ARS activities in the field of international economic, technical, and cooperative assistance and relations, including all ARS programs located outside the U.S., all ARS activities where international organizations or Participating Agency Service Agreements (PASA's) are involved, training in this country in ARS subject-matter fields as requested for foreign nationals, and coordination of all foreign translation activities in the Department.

5. *Information division.* This Division is responsible for planning and developing a continuing information program that achieves the prompt widespread use of research results, and increases general public knowledge of ARS activities. It provides staff support on information matters for agency administration, and plans and conducts a broad information program, utilizing all media, in support of the objectives and goals of ARS and the Department.

6. *Legislation and special assignments staff.* This Staff advises and assists the Administrator on matters relating to the ARS legislative programs, USDA and ARS committee management procedures, and the preparation of correspondence for the signature of USDA officials.

7. *National technical editing staff.* Provides agency-wide technical editing service to ARS scientists on manuscripts to be published in a wide variety of scientific and technical journals.

8. *Administrative management.* A Deputy Administrator directs and coordinates the administrative management activities of one Staff and four Divisions. Their assigned functions are:

(a) *Management improvement staff* is responsible for providing assistance to agency managers in the formulation of policies and programs to increase management effectiveness through effective organization structures, optimum utilization and productivity of manpower and improvement of directives and other existing systems and procedures.

(b) *Budget and finance division* is responsible for providing assistance to agency managers in the formulation and

presentation of the annual budget and multi year financial plans, the development of financial control and accounting systems, analysis and fiscal control of ARS funds, and the review and evaluation of financial management operations throughout the agency.

(c) *General services division* is responsible for providing assistance to agency managers in the formulation of policies, programs, and procedures and the evaluation of agency activities related to procurement and construction; personal property management; real property management including engineering, design and construction of research facilities; records management; and research agreements including research grants and contracts.

(d) *Personnel division* is responsible for providing assistance to agency managers in the formulation of policies, programs, and procedures and the evaluation of agency activities related to position management, position classification, wage administration, recruitment and placement, employee development, safety, and employee relations.

(e) *Data systems application division* provides technical and administrative direction and coordination for data processing activities in the agency. Assists agency managers in the formulation of policies, programs, and standards relating to data processing services for research and management activities, laboratory automation systems and procedures, statistical services, and other numerical analysis.

B. Field Offices.

1. *Regional Offices.* Regional Deputy Administrators assist the Administrator along with the National Program Staff and other headquarters staffs in establishing policy for all aspects of program planning, evaluating, budgeting, and coordination with emphasis on matters relating to the assigned Region, as well as their relationship to national programs, goals, and objectives.

(a) Consistent with national program policies, plans, and objectives, the Regional Deputy Administrators are responsible for formulating and recommending Regional program policies and objectives.

(b) Coordinating and implementing program planning, review, and evaluation within the Region.

(c) Directing and executing programs within the Region.

(d) Participating with National Program Staff in planning and carrying out onsite reviews.

(e) Representing ARS in the planning and execution of the USDA-SAES-Industry sponsored Regional planning and coordinating committee activities.

(f) Developing inputs for the Agency's budget development cycle.

(g) Recommending new and revised program elements that set forth research goals of the agency and approving project plans at locations that contribute to these agency goals and objectives.

2. *Area offices and major research centers.* Directors of Area Offices and Major Research Centers are responsible for:

(a) Assisting the Regional Deputy Administrator in establishing policy for all aspects of program planning, evaluating, budgeting, and coordination for the Region.

(b) Formulating and recommending Area or Center policies and objectives to guide Area or Center program operations.

(c) Coordinating and implementing program planning, review, and evaluation within the Area or Center.

(d) Directing and executing programs within the Area or Center that contribute to agency goals and objectives.

(e) Participating with National Program Staff, Regional Deputy Administrator, and scientists in carrying out onsite reviews.

(f) Advising the Regional Deputy Administrator concerning the Area or Center research programs relative to industry, State, and national problems and needs.

(g) Working with the Regional Deputy Administrator and the Regional Staff in developing the information and carrying out the evaluation needed from the Region by National Program Staff and other headquarters staffs for program planning the evaluating at the national level.

3. Listing of regional and area offices and major research centers:

NORTHEASTERN REGION

Regional Headquarters, Beltsville, Md.
Chesapeake-Potomac Area (Md., Del., W. Va., Wash., D.C.), Area Office, Hyattsville, Md.
North Atlantic Area (N.Y., Pa., N.J., Vt., N.H., Maine, Conn., Mass.), Area Office, Ithaca, N.Y.
Beltsville Agricultural Research Center, Beltsville, Md.
Plum Island Animal Disease Center, Orient Point, N.Y.
Eastern Regional Research Center, Wyndmoor, Pa.

NORTH CENTRAL REGION

Regional Headquarters—Peoria, Ill.
Illinois-Indiana-Ohio Area, Area Office, Lafayette, Ind.
Michigan-Minnesota-Wisconsin Area, Area Office, St. Paul, Minn.
Iowa-Missouri Area, Area Office, Columbia, Mo.
Kansas-Nebraska Area, Area Office, Clay Center, Nebr.
Dakotas-Alaska Area, Area Office, Fargo, N. Dak.
Northern Regional Research Center, Peoria, Ill.
National Animal Disease Center, Ames, Iowa.

SOUTHERN REGION

Regional Headquarters, New Orleans, La.
Florida-Antilles Area (Fla., P.R., V.I.), Area Office, Gainesville, Fla.
Athens, Ga. Area, Area Office, Athens, Ga.
Georgia-South Carolina Area, Area Office, Tifton, Ga.
Alabama-North Mississippi Area, Area Office, Mississippi State, Miss.
Mississippi Valley Area (Miss., La., Ark.), Area Office, Stoneville, Miss.
Mid-Atlantic Area (N.C., Tenn., Ky., Va.), Area Office, Raleigh, N.C.
Oklahoma-Texas Area, Area Office, College Station, Tex.
Subtropical Texas Area, Area Office, Weslaco, Tex.
Southern Regional Research Center, New Orleans, La.

WESTERN REGION

Regional Headquarters, Berkeley, Calif.
 Arizona-New Mexico Area, Area Office, Tucson, Ariz.
 California-Hawaii-Nevada Area, Area Office, Fresno, Calif.
 Colorado-Wyoming Area, Area Office, Fort Collins, Colo.
 Idaho-Montana-Utah Area, Area Office, Logan, Utah.
 Oregon-Washington Area, Area Office, Pullman, Wash.
 Western Regional Research Center, Albany, Calif.

IV. GENERAL DELEGATION OF AUTHORITY TO THE ADMINISTRATOR

In 7 CFR 2.7 the Administrator has been delegated authority to direct and supervise the employees engaged in the conduct of activities under his jurisdiction, and the authority to take any action, execute any document, authorize any expenditure, promulgate any rule, regulation, order, or instruction required or authorized by law and deemed by him to be necessary and proper to the discharge of his responsibilities. This authority will be exercised subject to applicable administrative rules and regulations. Unless otherwise provided, he may, subject to his continuing responsibility for the proper discharge of delegations made to him, delegate and provide for the redelegation of his authority to appropriate officers and employees.

V. DELEGATION OF AUTHORITY BY THE ADMINISTRATOR

1. To the Associate Administrator.

The Associate Administrator is authorized to act for the Administrator on all matters for which the Administrator is responsible.

2. To the Assistant Administrators, Deputy Administrators, and Directors of the Program Analysis and Coordination Staff, International Programs Division, Information Division and Heads of the Legislation & Special Assignments Staff and National Technical Editing Staff.

Within their assigned functional areas of responsibility, these officials have the authority to take any action, not specifically reserved in paragraph VI or in other administrative regulations of the agency or the Department, necessary to the planning, coordination, and operation of their respective programs. Unless otherwise provided this authority may be further redelegated. This delegation does not preclude the Administrator from exercising any of the powers or functions, or from performing any of the duties listed herein, and such authority is subject at all times to withdrawal or amendment.

These officials are responsible for the efficient and effective operation of their respective programs with specific responsibilities for:

(a) Providing overall planning, direction, control, and coordination of the program.

(b) Participating with the Administrator in the establishment of overall policies governing program operation.

(c) Keeping the Administrator informed of significant program and related matters.

VI. RESERVATIONS OF AUTHORITY

The following authorities are reserved to the Administrator.

(a) Issuance of ARS policy including national and regional goals, and major shifts in emphasis among commodities and locations of research activities.

(b) Final decision on priorities and locations of research identified in the ARS Program and Financial Plan and in the budget requests submitted to Office of Secretary.

(c) Allotment of all funds available to the agency and the further distribution of funds with guidelines stating their intended use and purpose.

(d) Approval of changes in research activities at locations that are significant or involve sensitive issues and activities within guidelines furnished by the Administrator.

(e) Approval of research projects funded under the Contingency Research Fund.

(f) Changes in formal organization down to and including (1) Branches or equivalent in Headquarters Divisions & Staffs, (2) Branches or equivalent in Regional Offices, (3) Area Offices and Major Research Centers and (4) Institutes, Laboratories or their equivalent levels at locations.

(g) Changes in major functions assigned to the organization level cited in (f) and jurisdictional shifts in Regional or Area Offices.

(h) Issuance of regulations pursuant to law.

(i) Establishment, relocation, or closing of agency offices or facilities.

(j) Distribution of manpower ceiling to Regions and Headquarters.

(k) Approval of appointment and promotions to GS-14 and above and reassignments to GS-14 & above involving a basic change in the nature of the assignment except for actions on scientists to GS-14 & 15 under the Research Evaluation Plan.

(l) Recommendations to the Office of Secretary for foreign travel and attendance at foreign and international meetings including those held in the United States.

(m) Approval of attendance at national meetings and common interest meetings in Canada and Mexico by Deputy Administrators, Assistant Administrators, and other individuals reporting to the Administrator.

(n) Approval of nominations for awards having broad national significance in government or science.

(o) Approval of all items of construction for which specific authorization is provided in Appropriation Acts.

(p) Acquisition and disposition of real property.

(q) Execution of foreign research contracts.

Done at Washington, D.C. this 28th day of August 1975.

T. W. EDMISTER,
 Administrator,
 Agricultural Research Service.

[FR Doc.75-23051 Filed 8-28-75; 8:45 am]

B. SUMMARY OF DIABETES PROGRAM FUNDING

DIABETES PROGRAM FUNDING

INTRODUCTION

This portion of the report of the National Commission on Diabetes supplements the Program Funding Summary which appears in Volume I, and consolidates all the funding displays in one place.

This section is subdivided into three subsections. The first deals with illustrating the FY 1975 level of effort in the National Institutes of Health. The second outlines the methodology which was employed to estimate the present level of research funding in diabetes. The third section is a discussion of the National Diabetes Plan during the period FY 1977 to FY 1978.

FY 1975 PROGRAM LEVEL

Clearly the National Commission on Diabetes could not move ahead in the right direction without knowing a good deal about past efforts in diabetes and without a firm fix on the present level of effort. With this information in hand the Commission could see where opportunities were being missed or where an expansion of an ongoing effort would be likely to be most appropriate.

Tables I through III which appear both here and in Volume I, describe the FY 1975 effort in diabetes. Added detail is provided in this section by the inclusion of Exhibits I-V. These exhibits break the aggregated research totals into disease categories. An examination of these exhibits reveals a good deal of useful information about the composition of the diabetes research effort. For instance, nearly one-third of the present research effort is basic research on Metabolism and Hormones; further almost all of the work done on Hormones and half of the work on Metabolism is performed in the National Institute for Arthritis, Metabolism and Digestive Diseases.

Another one-third of the present research is on complications arising from diabetes. The majority of this research is carried out in Institutes other than NIAMDD, most notably the National Heart and Lung Institute which focuses on angiopathy and the National Eye Institute which concentrates on retinopathy. Most of the remainder of the present research funding is scattered among Epidemiology, Treatment (The University Group Diabetes Program), Animal Models and Genetics, Organ System Functions, Transplantation and Pharmacology.

METHODS AND PROCEDURES FOR ESTIMATING DIABETES PROGRAM FUNDING

As previously described in the summary volume of the Commission recommendations, a three step process was followed in making estimates of recent extramural diabetes research funding. The three steps were:

- identification of research projects which were likely to be directly diabetes-related by using the Computer Retrieval of Information on Scientific Projects (CRISP) system.
- a review by the Diabetes Program staff of the NIAMDD of the projects which were identified by CRISP in order to group the projects into research categories and to eliminate any projects which had been incorrectly identified as directly diabetes-related.
- a review, by the staff of each institute, of the list of projects which had been previously identified by CRISP and reviewed by the Diabetes Program staff.

The CRISP system is a computer data base system maintained by the Division of Research Grants of NIH. The system contains scientific and fiscal data on research grants and contracts of the Public Health Service. In addition to such information as grant number, fiscal year of award, amount of award, and name of principal investigator, the abstract as submitted by the principal investigator with his application is also included. These applications are indexed, using not only index terms designated by the principal investigator, but also using further in-depth indexing of the application itself.

The searches which were made for the purposes of locating diabetes research projects made use of key words or key word combinations. During the reviews by the Diabetes Program staff, approximately one-third of the projects identified through the key word search were found not to be directly related to diabetes.

The key word list defines a broad search and the project list that results still requires a knowledgeable professional review, in order to avoid errors in identifying diabetes research projects. Even though the key word list is broadly defined, it still is this list that will provide a consistent basis for estimating the funding of diabetes research in future years and allow one to judge the extent to which recommendations have been carried out.

It is, of course, difficult to draw a sharp boundary as to what research is "directly" related to diabetes and that which is not so direct. This is particularly hard when dealing with general research relating to categorical disease areas that often occur as complications arising from diabetes. Thus it would

be possible to identify much of the research done in the National Heart and Lung Institute, the National Eye Institute, and the National Institute of Neurological and Communicative Diseases and Stroke as having relevance to diabetes. However, the Commission focused its recommendations on those research opportunities directed specifically towards diabetes and therefore only that portion of the work in those Institutes was included when identifying diabetes research.

The CRISP system does not contain data on intramural research or training programs. That information was provided to the Commission by each Institute Director.

The effort to identify the recent funding history for diabetes extramural research began in late August of 1975. Prior to that time, the Workgroups of the Commission had been given briefings on the nature of the effort to identify the FY 1975 funding patterns. The first CRISP runs were made in late August.

Based on the results of this initial run, the key word list was revised and a CRISP search for FY 1974 was made in early September. The output, a list of projects sorted by key words, was the first to be screened by the Diabetes Program staff. The projects were sorted by disease category within each institute (see chart I for these categories).

The screened project list was compared with submissions made by the Institutes, to the Diabetes Mellitus Coordinating Committee for FY 1974. There was a high degree of correlation, indicating the utility of the CRISP system for creating valid representations of diabetes funding in recent years. Therefore the remaining runs for FY 1972, 1973 and 1975 were made during September.

Each year's output was carefully screened and reviewed by the Diabetes Program staff and the results were presented to the National Commission on Diabetes in early November. At the same time, complete project lists for each Institute were distributed to the respective staffs for their review. This resulted in the discovery of a few projects which either had not been included in the CRISP data base at the time of the search, or which the key word search had somehow overlooked.

The inclusions of these projects resulted in a quite definitive picture of the diabetes project list for FY 1975. Also, the lessons learned allow the key word list to be refined and recalibrated to insure that none of the types of projects overlooked in these first CRISP runs will be missed again. Thus the system can provide comparable project lists and program funding levels in a consistent manner in the years ahead.

The project and key word lists are lengthy and are not included in this report but are part of the working file documentation of the National Commission on Diabetes.

THE NATIONAL PLAN FY 1977-1978

In Volume I of the National Commission on Diabetes' Report, the reasons for beginning the implementation of the National Plan for Diabetes in 1977 are explained. Essentially, the submission of the Commissions report in the middle of a fiscal year and at a point when no new appropriations have been made for the National Institutes of Health makes it seem likely that the amount and composition of research funding for diabetes in FY 1976 will be very similar to that for FY 1975.

The Commission's recommendations for 1976 do, however, indicate where available resources should be allocated. The Commission's recommendations for 1977 should be fully funded in the manner and amounts indicated by Tables IX through XII.

Supplementary Tables XIII through XVI are included in this report for the Diabetes Research and Training Centers, the Diabetes Control Program, the Information and Education Clearinghouse, the National Diabetes Data Group, and Research Manpower. These tables are presented to show, in greater detail, the funding patterns within each of the Commission recommendations.

A final point of clarification is in order with regard to the General Clinical Research Centers (GCRC). Throughout the Program Funding Summary in Volume I, and in this report, only the prorated portion of the GRCS's which is diabetes related has been shown. The National Commissions recommendations, interpreted literally, involve the GCRC's as a whole. Thus the total recommended NIH program beyond FY 1975 is:

	(\$ in thousands)					
	<u>FY 75</u>	<u>FY 76</u>	<u>FY 77</u>	<u>FY 78</u>	<u>FY 79</u>	<u>FY 80</u>
NIH Diabetes						
Program W/O GCRC's:	34,045	45,716	57,404	69,303	82,444	95,392
<u>GCRC Recommendations</u>						
Pro-Rated Diabetes						
Portion	5,733	6,075	6,750	7,088	7,425	7,763
Other	<u>36,593</u>	<u>38,925</u>	<u>43,250</u>	<u>45,412</u>	<u>47,575</u>	<u>49,737</u>
Total GCRC	42,326	45,000	50,000	52,500	55,000	57,500
Total NIH Recommenda-						
tions	76,371	90,775	107,404	121,803	137,444	152,892

TABLE I

DIABETES RESEARCH, FY 1975
(\$ in thousands)

Federal

National Institutes of Health 39,778

Veterans Administration 2,139

National Science Foundation 1,122

43,039

Voluntary Health Agencies

2,664

Private Industry

Unknown

45,703+

TABLE II

NIH EXTRAMURAL RESEARCH, FY 1975

<u>Institute</u>	<u>Diabetes Research (\$ in thousands)</u>	<u>Institute Share of Total Extramural Diabetes Research (%)</u>	<u>Total Research (\$ in thousands)</u>	<u>Diabetes Portion of Total Extramural Research</u>
NIAMDD	14,777	41.9%	129,259	11.4%
NCI	822	2.3	469,835	.2
NHLI	5,588	15.8	263,123	2.1
NIDR	117	.3	30,941	.4
NINCDS	1,365	3.8	100,780	1.4
NIAID	289	.8	82,021	.4
NIGMS	730	2.1	129,308	.6
NICHHD	1,073	3.0	97,023	1.1
NEI	4,491	12.7	32,042	14.0
DRR	5,733	16.3	42,326	13.5
Other	212	.6	112,479	.2
TOTAL	35,197	100.0%	1,489,137 ^{1/}	2.36

^{1/} Total NIH Extramural Research, including research funded by Institutes not involved directly in diabetes related research.

TABLE III
COMPOSITION OF FY 1975 NIH OBLIGATIONS
(\$ in thousands)

	<u>Amount</u>	<u>Percent</u>
Total Extramural Research	\$1,489,137	71.2%
Total Intramural Research	193,356	9.2
Training	154,432	7.4
Administrative Overhead	139,025	6.6
Cancer Control and Construction	87,962	4.2
Library of Medicine	<u>28,848</u>	<u>1.4</u>
	\$2,092,760	100.0%

CHART I

RESEARCH CATEGORIES

EPIDEMIOLOGY AND NATURAL HISTORY

HORMONES, OTHER

TREATMENT

METABOLISM

ANIMAL MODELS & GENETICS

Carbohydrate

COMPLICATIONS

Lipid

Protein

Trace Minerals

Metabolism, Gen.

Cataract

Dental

Hypoglycemia

Infection

Injury/Trauma

Macroangiopathy

Microangiopathy

Neoplasm, Pancreas

Neoplasm, Other

Nephropathy

Neuropathy

Retinopathy

Obesity

TRANSPLANTATION & CELL CULTURE

Cell Culture

Pancreas (includes islet cells)

Renal

PHARMACOLOGY

Diabetogenic Agents

Hypoglycemic Agents

Misc.

ORGAN SYSTEM FUNCTION

INFORMATION ACTIVITIES

Cardiac

Eye

Food Intake Behavior

Gastro-Intestinal (liver, spleen,

Neurologic exocrine pancreas)

Pancreatic (only endocrine)

Reproductive

Other

DIABETES-ENDOCRINOLOGY CENTERS

GENERAL CLINICAL RESEARCH CENTERS
(diabetes-related projects)

OTHER

PANCREATIC HORMONES

Glucagon

Action of Glucagon

Binding/Receptor

Production/Secretion

Insulin

Action of Insulin

Antagonism

Binding/Receptor

Degradation

Production/Secretion

Sensitivity/Resistance

Proinsulin

Pancreatic Hormones Gen.

Hormone Interactions

New Pancreatic Hormones

EXHIBIT I

NIH EXTRAMURAL DIABETES RESEARCH, FY 1975
(number/\$ in thousands)

Institute	Epidem- iology	Treat- ment	Animal Models & Genetics	Compli- cations	Organ Systems Functions	Hormones	Metab- olism	Transplan- tation	Pharma- cology	Diabetes Centers	GRCs	Other	Total
NIAMD	5/394	15/863	6/318	38/1399	33/1258	103/5402	53/2594	15/684	6/213	5/1652			279/14,777
NCI	1/44		2/142	10/289	1/74	3/204	1/36	1/33					19/822
NHLI	9/226		1/88	49/3341	4/296	6/179	24/1449					1/9	94/5588
NIDR				2/117									2/117
NINCDS				22/1013	1/71	1/105	4/176						28/1365
NIAID				3/187								1/102	4/289
NIGMS	1/60		1/8	1/10	3/72	6/122	9/256	2/20	8/182				31/730
NICHD				2/106	3/168	5/195	13/604						23/1073
NEI				62/4388			3/103						65/4491
DRR											283/5733		283/5733
Other (NIMH, NIEHS, NCHSR)				3/64					2/72			1/76	6/212
TOTAL	16/724	15/863	10/556	192/10914	45/1939	124/6207	107/5218	18/737	16/467	5/1652	283/5733	3/187	834/35197

EXHIBIT II

NIH EXTRAMURAL RESEARCH ON DIABETES COMPLICATIONS, FY 1975
(number/\$ in thousands)

Institute	Glaucoma & Cataracts	Dental	Hypo- glycemia	Infection	Macro- angiopathy	Micro- angiopathy	Neoplasms	Nephro- pathy	Neuropathy	Retin- opathy	Obesity	Total
NIAMDD			2/78	6/365	2/82	7/307			1/80		20/487	38/1399
NCI							10/289					10/289
NHLI				1/38	36/2562	10/656		1/40			1/45	49/3341
NIDR		2/117										2/117
NINCDS					2/53				20/960			22/1013
NIAID				3/187								3/187
NIGMS				1/10								1/10
NICHD			2/106									2/106
NEI	10/379					1/62				51/3947		62/4388
DRR												
Other (NIHM, NIEHS, NCHSR)						3/64						3/64
TOTAL	10/379	2/117	4/184	11/600	40/2697	21/1089	10/292	1/40	21/1040	51/3947	21/532	192/10914

EXHIBIT III

ORGAN SYSTEM FUNCTION EXTRAMURAL RESEARCH, FY 1975
(number/\$ in thousands)

Institute	Cardiac	Food Intake	Gastro- Intestinal	Neurologic	Pancreatic	Reproductive	Total
NIAMDD		3/99	16/546	9/280	5/333		33/1258
NCI			1/74				1/74
NHLI	3/287	1/9					4/296
NIDR							
NINCDS		1/71					1/71
NIAID							
NIGMS		1/37			2/35		3/72
NICHD		1/93			1/23	1/52	3/168
NEI							
DRR							
OTHER (NIMH, (NIEHS, NCHSR)							
TOTAL	3/287	7/309	17/620	9/280	8/391	1/52	45/1939

EXHIBIT IV

NIH HORMONES EXTRAMURAL RESEARCH, FY 1975
(number/\$ in thousands)

Institute	Glucagon	Insulin	Proinsulin	General Pancreatic Hormones	General Hormone Interaction	Other	Total
NIAMDE	16/543	53/3012	4/309	2/180	15/715	13/643	103/5402
NCI	1/76	2/128					3/204
NHLI	1/26	2/96			1/9	2/48	6/179
NIDR							
NINCDS				1/105			1/105
NIAID							
NIGMS	2/54	1/15			3/53		6/122
NICHD	1/45	2/65			2/85		5/195
NEI							
DRR							
OTHER							
TOTAL	21/744	60/3316	4/309	3/285	21/862	15/691	124/6207

EXHIBIT V

METABOLISM EXTRAMURAL RESEARCH, FY 1975
(number/\$ in thousands)

Institute	Carbohydrate	Lipid	Protein	Trace Minerals	General	Total
NIAMDD	17/702	11/490	6/389	5/200	14/813	53/2594
NCI					1/36	1/36
NHLI	2/91	19/1283			3/75	24/1449
NIDR						
NINCDS					4/176	4/176
NIAID						
NIGMS	1/45				8/211	9/256
NICHD	3/200	2/67		2/79	6/258	13/604
NEI					3/103	3/103
DRR						
OTHER						
TOTAL	23/1038	32/1840	6/389	7/279	39/1672	107/5218

TABLE IV

DIABETES SHARE OF NIH EXTRAMURAL RESEARCH
(\$ in millions)

<u>Year</u>	<u>Diabetes Extramural Research</u>	<u>Total Extramural Research</u>	<u>Diabetes Share (%)</u>
FY 1972	25.0	\$1,065.3	2.3 %
FY 1973	23.5	1,122.0	2.09
FY 1974	25.7	1,456.8	1.76
FY 1975	35.2	1,489.1	2.36

Annual Growth Rate of Diabetes Research = 9%

Annual Growth Rate in Constant Dollars = 5%

TABLE V

NIH DIABETES RELATED EXTRAMURAL RESEARCH
FY 1973-1975
(\$ in thousands)

<u>Institute</u>	<u>FY 1972</u>	<u>FY 1973</u>	<u>FY 1974</u>	<u>FY 1975</u>
NIAMDD	9,648	10,734	14,154	14,777
NCI	1,184	815	965	822
NHLI	3,150	3,040	2,323	5,588
NIDR	165	69	68	117
NINCDS	826	688	679	1,365
NIAID	258	112	106	289
NIGMS	1,944	1,465	530	730
NICHD	1,530	1,141	925	1,073
NEI	2,124	2,562	3,376	4,491
Other	--	37	--	212
DRR ^{1/}	<u>4,216</u>	<u>2,802</u>	<u>2,619</u>	<u>5,733</u>
Total	25,045	23,465	25,745	35,197
Constant 1972 Dollars ^{2/}	25,045	22,470	23,076	28,502

^{1/} Portion of the DRR (GCRC) budget which is for diabetes. Obtained by pro-rating total GCRC budget by the number of diabetes projects performed in GCRC's in that year.

^{2/} The Biomedical deflators used to convert to constant dollars (on a 1970 base):

<u>FY 1972</u>	<u>FY 1973</u>	<u>FY 1974</u>	<u>FY 1975</u>
110.7	115.6	123.5	136.7 (est.)

TABLE VI

NIAMDD SHARE OF OBLIGATED RESEARCH FUNDS (\$ Millions)

	<u>FY 1972</u>	<u>FY 1973</u>	<u>FY 1974</u>	<u>FY 1975</u>
Total NIH Institute Research Program ^{1/}	\$1,465	\$1,484	\$1,945	\$2,064
NIAMDD	\$155.3	\$142.8	\$177.4	\$173.4
NIAMDD Share (%)	10.6%	9.6%	9.1%	8.4%
Extramural Diabetes Research in NIAMDD	\$9.6	\$10.7	\$14.2	\$14.8
Extramural Diabetes Share of NIAMDD obligations (%)	6.2%	7.5%	9.9%	8.5%

^{1/} Source: Basic Data Relating to NIH, Office of Program Planning and Evaluation, February, 1975. (Excludes the National Library of Medicine.)

TABLE VII

NIH/NIAMDD TRAINING FY 1970-1975
 (Training, Fellowships, Research Career Programs)
 (\$ in Millions)

	<u>70</u>	<u>71</u>	<u>72</u>	<u>73</u>	<u>74</u>	<u>75</u>
Diabetes, Endocrinology, Metabolism	\$7.2	\$6.9	\$6.6	\$5.5	\$7.3	\$6.0
No. of Postdoctoral Positions	344	365	332	254	266	246

TABLE VIII

NIH QUARTERLY RESEARCH OBLIGATIONS PATTERN (FY 1971-75)

	<u>First Quarter</u>	<u>Second Quarter</u>	<u>Third Quarter</u>	<u>Fourth Quarter</u>	<u>Total</u>
Average Quarterly Percentage of Annual Obligation	10.9%	19.3%	28.7%	41.1%	100.0%

TABLE IX

BUDGET SUMMARY FOR ALL RECOMMENDATIONS
(\$ in thousands)

	<u>FY 1975</u>	<u>FY 1976</u>	<u>FY 1977</u> (PY 1)	<u>FY 1978</u> (PY 2)	<u>FY 1979</u> (PY 3)	<u>FY 1980</u> (PY 4) .
1. National Diabetes Advisory Board ^{1/}	0	500	500	500	500	500
2. NIH Programs	39,778	51,791	64,154	76,391	89,869	103,155
3. Research and Training Centers	0	0	8,000	12,000	20,000	20,000
4. Health Care & Control Program	2,139	3,339	7,712	9,812	13,820	16,841
TOTAL (Recommendations)	41,917	55,630	80,306	98,703	124,189	140,496
NSF ^{2/}	1,122	1,122	1,122	1,122	1,122	1,122
TOTAL	43,039	56,752	81,428	99,825	125,311	141,618

^{1/} These amounts include only the diabetes share of the budget increases recommended for the General Clinical Research Centers (see Table Xg).

^{2/} No specific recommendations were directed towards the National Science Foundation (NSF).

TABLE X

NIH RECOMMENDATIONS (BY INSTITUTE)
(\\$ in thousands)

	<u>FY 1975</u>	<u>FY 1976</u>	<u>FY 1977</u> (PY 1)	<u>FY 1978</u> (PY 2)	<u>FY 1979</u> (PY 3)	<u>FY 1980</u> (PY 4)
NIAMDD	18,373	25,653	32,909	40,473	49,009	58,241
NEI	4,763	6,324	8,207	10,331	13,034	14,463
NINCDS	1,365	1,606	1,792	1,997	2,218	2,459
NIDR	427	702	917	1,132	1,347	1,562
NICHD	1,476	2,892	4,016	4,758	5,724	7,055
NHLI	5,588	6,486	7,450	8,559	9,059	9,559
DRR (GCRC)	5,733	6,075	6,750	7,088	7,425	7,763
Other <u>1/</u>	<u>2,053</u>	<u>2,053</u>	<u>2,053</u>	<u>2,053</u>	<u>2,053</u>	<u>2,053</u>
TOTAL	39,778 ^{2/}	51,791	64,094	76,391	89,869	103,155

1/ Diabetes research effort in Institutes not directly affected by Commission recommendations (NCI, NIGMS, NIAID, NIEHS)

2/ Total NIH dollars spent on intramural (\$4,581) and extramural (\$35,197, as shown in Table II) research.

TABLE Xa

NATIONAL INSTITUTE OF ARTHRITIS, METABOLISM AND DIGESTIVE DISEASES
(\$ in thousands)

	<u>Present</u>	<u>FY 76</u>	<u>FY 77</u> (PY 1)	<u>FY 78</u> (PY 2)	<u>FY 79</u> (PY 3)	<u>FY 80</u> (PY 4)
1. Manpower						
Training grants & fellowships	1,074	1,260	1,460	1,660	1,860	2,060
RCDA	420	500	750	1,000	1,250	1,250
Distinguished Scientists	--	240	280	420	560	700
TOTAL MANPOWER	1,494	2,000	2,490	3,080	3,670	4,010
2. Extramural Research						
a. Basic Endocrinology & Metabolism	7,996	10,400	13,520	17,576	22,850	29,705
b. Etiology						
• Viruses	365	500	650	845	1,098	1,428
• Genetics	318	418	523	653	816	918
c. Angiopathy	389	750	1,000	1,250	1,500	1,500
d. Nutrition & Obesity						
• General Research & Obesity Centers	487	1,000	1,500	1,500	1,500	1,500
• Caloric intake & Nutritional Patterns Studies	--	200	260	338	440	572
• Neurophysiology of appetite - Control Studies	--	200	260	338	440	572
e. Transplantation & Devices						
• Transplantation	684	889	1,156	1,503	1,954	2,540
• Devices	--	500	1,500	3,000	3,000	3,000
f. Epidemiology	394	545	754	1,044	1,445	2,000
g. Resources facilities	--	750	1,000	1,250	1,500	1,500
h. Clinical Study of Juvenile-onset Diabetes (joint with NHLI)	--	500	1,000	1,000	1,000	1,000
i. Other ^{1/}	<u>4,144</u>	<u>4,144</u>	<u>4,144</u>	<u>4,144</u>	<u>4,144</u>	<u>4,144</u>
TOTAL EXTRAMURAL RESEARCH	14,777	20,796	27,267	33,941	41,687	50,379
3. Intramural Research	2,000	2,200	2,400	2,600	2,800	3,000
4. Research Information	102	207	302	402	402	402
5. New Administrative Positions	--	450	450	450	450	450
TOTAL	18,373	25,653	32,909	40,473	49,009	58,241

^{1/} This is the amount currently spent in areas of extramural diabetes research that are not directly addressed by Commission recommendations. These areas are (in thousands): University Group Diabetes Program (\$863), Hypoglycemia (\$78), Neuropathy (\$80), Food intake functions (\$77), Gastrointestinal functions (\$546), Neurology (\$280), Pancreatic functions (\$333), Pharmacology (\$213), Diabetes Centers (\$1,652).

TABLE Xb

NATIONAL EYE INSTITUTE
(\$ in thousands)

	<u>Present</u>	<u>FY 76</u>	<u>FY 77</u> (PY 1)	<u>FY 78</u> (PY 2)	<u>FY 79</u> (PY 3)	<u>FY 80</u> (PY 4)
1. Manpower						
a. Training Grants & Fellowships	73	240	400	560	800	920
b. Res. Career Development	12	75	150	225	300	375
c. Distinguished Scientists	-- 	35 	70 	105 	140 	175
TOTAL MANPOWER	85	350	620	890	1,240	1,470
2. Extramural Research	4,491	5,614	7,017	8,771	10,964	12,063
3. Intramural Research	187	300	450	550	650	750
4. New Administra- tive Positions	-- 	60 	120 	120 	180 	180
TOTAL	4,763	6,324	8,207	10,331	13,034	14,463

TABLE Xc

NATIONAL INSTITUTE OF NEUROLOGICAL AND COMMUNICATIVE
DISORDERS AND STROKE
(\$ in thousands)

	<u>Present</u>	<u>FY 76</u>	<u>FY 77</u> <u>(PY 1)</u>	<u>FY 78</u> <u>(PY 2)</u>	<u>FY 79</u> <u>(PY 3)</u>	<u>FY 80</u> <u>(PY 4)</u>
1. Manpower						
a. Fellows	--	40	80	120	160	200
2. Extramural Research	1,365	1,506	1,652	1,817	1,998	2,199
3. Intramural Research						
4. New Administrative Positions	--	60	60	60	60	60
TOTAL	1,365	1,606	1,792	1,997	2,218	2,459

TABLE Xd

NATIONAL INSTITUTE OF DENTAL RESEARCH
(\$ in thousands)

	<u>Present</u>	<u>FY 76</u>	<u>FY 77</u> (PY 1)	<u>FY 78</u> (PY 2)	<u>FY 79</u> (PY 3)	<u>FY 80</u> (PY 4)
1. Manpower						
a. Training Grants & Fellowships	--	40	80	120	160	200
b. Res. Career Development	-- ---	25 ---	50 ---	75 ---	100 ---	125 ---
Total Manpower	--	65	130	195	260	325
2. Extramural Research	117	217	317	417	517	617
3. Intramural Research	310	360	410	460	510	560
4. New Administrative Positions	-- ---	60 ---	60 ---	60 ---	60 ---	60 ---
TOTAL	427	702	917	1,132	1,347	1,562

TABLE Xe

NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT
(\$ in thousands)

	<u>Present</u>	<u>FY 76</u>	<u>FY 77</u> (PY 1)	<u>FY 78</u> (PY 2)	<u>FY 79</u> (PY 3)	<u>FY 80</u> (PY 4)
1. Manpower						
a. Training groups & Fellowships	--	200	240	280	320	400
b. Res. Career Development Awards	41	125	150	175	200	250
	41	325	390	455	520	650
2. Extramural Research						
a. General Research	889	1,156	1,502	1,953	2,539	3,300
b. Infant feeding	184	239	311	404	525	683
c. Infants of diabetic mothers follow-up study	--	100	200	200	200	200
d. Contraception studies	--	450	900	900	900	900
e. Expanded Research on Pregnancy and Diabetes	--	200	291	424	618	900
Sub-total	1,073	2,145	3,204	3,881	4,782	5,983
3. Intramural Research	362	362	362	362	362	362
4. New Administrative Positions	--	60	60	60	60	60
TOTAL	1,476	2,892	4,016	4,758	5,724	7,055

TABLE Xf

NATIONAL HEART AND LUNG INSTITUTE

(\$ in thousands)

	<u>Present</u>	<u>FY 76</u>	<u>FY 77</u> (PY 1)	<u>FY 78</u> (PY 2)	<u>FY 79</u> (PY 3)	<u>FY 80</u> (PY 4)
1. Extramural Research	5,588	6,426	7,390	8,499	8,999	9,499
2. New Administrative Positions	--	60	60	60	60	60
TOTAL	5,588	6,486	7,450	8,559	9,059	9,559

TABLE Xg

GENERAL CLINICAL RESEARCH CENTERS

(\$ in thousands)

	<u>Present</u>	<u>FY 76</u>	<u>FY 77</u> (PY 1)	<u>FY 78</u> (PY 2)	<u>FY 79</u> (PY 3)	<u>FY 80</u> (PY 4)
Pro Rata Share Attributable to Diabetes Projects (13.5%)	5,733	6,075	6,750	7,088	7,425	7,763
Total GCRC Funds	42,326	45,000	50,000	52,500	55,000	57,500

TABLE XI

DIABETES RESEARCH AND TRAINING CENTERS
(\$ in thousands)

<u>Present</u>	<u>FY 1977</u> <u>(PY 1)</u>	<u>FY 1978</u> <u>(PY 2)</u>	<u>FY 1979</u> <u>(PY 3)</u>	<u>FY 1980</u> <u>(PY 4)</u>
0	8,000	12,000	20,000	20,000

TABLE XII

HEALTH CARE, EDUCATION, AND CONTROL PROGRAMS
(\$ in thousands)

	<u>Present</u>	<u>FY 1976</u>	<u>FY 1977</u> <u>(PY 1)</u>	<u>FY 1978</u> <u>(PY 2)</u>	<u>FY 1979</u> <u>(PY 3)</u>	<u>FY 1980</u> <u>(PY 4)</u>
Center for Disease Control	-	-	3,600	5,100	8,400	10,600
Veterans Admin.						
Manpower	-	79	157	229	314	400
Project Research	-	160	314	458	628	800
Cooperative Project	-	126	249	363	498	640
Special Units	-	298	591	861	1,179	1,500
Total Add-on	-	663	1,311	1,911	2,619	3,340
Base	<u>2,139</u>	<u>2,139</u>	<u>2,139</u>	<u>2,139</u>	<u>2,139</u>	<u>2,139</u>
		2,802	3,450	4,050	4,758	5,479
Education						
Clearinghouse	-	340	465	465	465	465
National Diabetes Datat Group	-	197	197	197	197	297
TOTAL	-	3,339	7,712	9,812	13,820	16,841

TABLE XIII

PROTOTYPE STAFFING AND BUDGET FOR
DIABETES RESEARCH AND TRAINING CENTERS
(\$ thousands)

1 Director (M.D.)	50,000
1 Associate Director (M.D.)	50,000
6 Staff (M.D.)	300,000
6 Staff (Ph.D.)	210,000
1 Contracts Officer	20,000
3 Support Staff	60,000
4 Clerical	<u>48,000</u>
	738,000
Overhead (38%)	<u>280,000</u>
	1,018,000

TABLE XIV

DIABETES CONTROL PROGRAM
(\$ thousands)

	<u>FY 77</u>	<u>FY 78</u>	<u>FY 79</u>	<u>FY 80</u>
CDC				
Community Program Contracts	1,500*	3,000*	--	--
CDC Program Costs	2,100	2,000	2,400	2,600
Community Program Grants	--*	--*	6,000	8,000
	<u>3,600</u>	<u>5,100</u>	<u>8,400</u>	<u>10,600</u>
Personnel				
HQ	40	40	45	50
Community Programs	<u>10</u> 50	<u>20</u> 60	<u>40</u> 85	<u>60</u> 110

* In the first two years of the program, community program costs will be done through a contract mechanism with CDC. In subsequent years these programs will be funded by grants as authorized in recent amendments to Par. 4, Section 317 of the Public Health Services Act.

TABLE XV

NATIONAL DIABETES INFORMATION AND
EDUCATION CLEARINGHOUSE
(\$ in thousands)

	<u>FY 76</u>	<u>FY 77</u>	<u>FY 78</u>	<u>FY 79</u>	<u>FY 80</u>
Staff	80	200	200	200	200
Task Force Support*	<u>10</u>	<u>60</u>	<u>60</u>	<u>60</u>	<u>60</u>
<u>Total Overhead</u>	90	260	260	260	260
Surveys					
Professional & Patient	150	40	40	40	40
Public	<u>100</u>	<u>25</u>	<u>25</u>	<u>25</u>	<u>25</u>
<u>Total Surveys</u>	250	65	65	65	65
Materials Development					
Professional	-	10	10	10	10
Patient	-	40	40	40	40
Public	<u>-</u>	<u>30</u>	<u>30</u>	<u>30</u>	<u>30</u>
<u>Total Materials Devel.</u>	-	80	80	80	80
Materials Purchase & Reproduction					
Professional	-	6	6	6	6
Patient	-	24	24	24	24
Public	<u>-</u>	<u>30</u>	<u>30</u>	<u>30</u>	<u>30</u>
<u>Total Purch. & Reprod.</u>	-	60	60	60	60
TOTAL	340	465	465	465	465

*Consultant fees, travel, per diem, etc.

TABLE XVI

NATIONAL DIABETES DATA GROUP
(\$ in thousands)

	<u>Present</u>	<u>FY 76</u>	<u>FY 77</u>	<u>FY 78</u>	<u>FY 79</u>	<u>FY 80</u>
Chairman	-	10	10	10	10	10
Support Staff		25	25	25	25	25
Meeting Support	-	12	12	12	12	12
Health Sta- tistics Data Library	-	50	50	50	50	50
Diabetes Pub- lications	-	-	-	-	-	200
Special Studies	<u>-</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>-</u>
TOTAL	-	197	197	197	197	297

Table XVII
RESEARCH MANPOWER - POSITIONS

		<u>FY 75</u>	<u>FY 76</u>	<u>FY 77</u>	<u>FY 78</u>	<u>FY 79</u>	<u>FY 80</u>
NIAMDD	Fellowships	43	60	70	80	90	100
	Research Career	10	20	30	40	50	50
	Development						
	Awards						
	Distinguished	0	4	8	12	16	20
	Scientist						
	Awards						
NEI	Fellowships	2	12	20	28	40	46
	Research Career	0	3	6	9	12	15
	Development						
	Awards						
	Distinguished	0	1	2	3	4	5
	Scientist						
	Awards						
NINCDS	Fellowships	0	2	4	6	8	10
NIDR	Fellowships						
	Research Career	0	1	2	3	4	5
	Development						
	Awards						
NICHD	Fellowships	0	10	12	14	16	20
	Research Career	0	5	5	7	8	10
	Development						
	Awards						
TOTAL		55	120	164	208	256	291

C. SPECIAL REPORTS

1. DIABETES
in the
INDIAN PEOPLE
and the
ALASKA NATIVE POPULATION



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

INDIAN HEALTH SERVICE
PHOENIX INDIAN MEDICAL CENTER
4212 NORTH SIXTEENTH STREET
PHOENIX, ARIZONA 85016

September 30, 1975

Our Reference: PHX: SC (IM&CR)

Dr. Keatha Krueger
National Commission on Diabetes
National Institutes of Health
Blair Building, Room 220
Bethesda, Maryland 20014

Dear Dr. Krueger:

In accordance with our recent telephone discussion, I am submitting material, which I hope will be useful to the National Commission on Diabetes in its considerations concerning diabetes in the Indian people and the Alaska Native population.

I am enclosing a narrative summary and some copies of selected publications⁽¹⁾ which describe some aspects of the enormous extent of diabetes in many tribes.

Thank you for this opportunity to contribute this information for the consideration of the Commission.

Sincerely,

Maurice L. Sievers, M.D.

Maurice L. Sievers, M.D.
Senior Clinician,
Internal Medicine and Clinical Research

cc: Director, Indian Health Service
Acting Director, Office of Professional Standard & Evaluation
Deputy Director, Office of Program Operations

(1) Editor's note: See References at the end of Dr. Siever's summary.

SUMMARY: DIABETES MELLITUS IN AMERICAN INDIANS

A brief outline of the organizational structure of the Indian Health Service (IHS) should provide a basis for consideration of health services for diabetes mellitus among American Indians. The IHS Headquarters serves as a resource for field staff personnel. For the delivery of health care, the IHS is organized into eight geographic areas, which are generally designated by the name of the city where the respective IHS Area offices are located. These IHS Areas include:

(1) Aberdeen (South Dakota, North Dakota, Minnesota, Wisconsin, Michigan, Iowa, Nebraska); (2) Alaska or Anchorage (Alaska); (3) Albuquerque (New Mexico, Colorado -- except for the Navajo Reservation); (4) Billings (Montana, Wyoming); (5) Navajo, or Window Rock (all of the Navajo Reservation); (6) Oklahoma City (Oklahoma, Kansas); (7) Phoenix (Arizona, California, Nevada, Utah -- except for the Navajo Reservation); and (8) Portland (Oregon, Washington, Idaho). In addition, two separate jurisdictions should be mentioned: (1) United Southeastern Tribes (Florida, North Carolina, Mississippi); and (2) Office of Research and Development (Reservations of Papago; in Arizona). The IHS Areas are subdivided into Service Units, which serve one or more reservations through clinics, health centers, and hospitals, as well as through field health and school health programs. Service Units are the basic IHS health organizations, being defined Areas with various health facilities staffed by health teams.

Among the comprehensive health services which the IHS health workers provide the Indian people and Alaska Natives, the diagnosis and treatment of diabetes mellitus and associated conditions are major activities in most Service Units. Diabetes mellitus is much more prevalent in most American Indian tribes than it is among the non-Indians (see references 1, 2, 3). Indeed, some tribes, such as the Pima and Papago, have diabetic rates 10 to 15 times the presumed frequency among whites, although diabetes prevalence data for the white population usually has not been obtained with the precision of the Indian studies (reference 4). In their study of computerized health records of Papago Indians, Reinhard and Greenwalt (reference 5) noted that diabetics have significantly greater frequencies of large varieties of illnesses than is the experience of an age-sex-geographically matched nondiabetic control population.

In a recent article, West (reference 3) reviewed published reports of diabetic prevalences in aboriginal groups (table 1, page 844 of article) and concluded that most of the American Indian tribes which have been studied currently have high rates of diabetes. He also concluded that diabetes was probably unusual in American Indians before

about 1940 and that, in addition to genetic aspects, environmental factors are of considerable importance in the emergence of diabetes. This review article notes that high diabetic rates have been reported for at least 41 Indian tribes.

Some IHS Service Units have given diabetes major emphasis in their program plans (reference 6, pages 29-30 of the Gila River Indian Community Health Delivery System Program Plan for Fiscal Year 1976). Because of increasing concern by health professionals and the Indian people with the epidemic proportions of diabetes among many tribes, the Phoenix IHS Area conducted a workshop on control and prevention of diabetes mellitus on May 22, 1967 to obtain the guidance of expert consultants (see reference 7 for selected portions of the proceedings). The recommendations ranged from weight control programs to careful foot care of diabetics. Amputation of gangrenous feet and legs is a frequent event in the diabetic Indians (currently being studied by Nadel WN).

Diabetes is a major factor in fetal loss and congenital malformations in some tribes. Careful control of diabetes may reduce the frequency of these conditions (see reference 8).

The IHS internists have stressed the importance of diabetic detection and treatment (see reference 9). They also endorsed the Recommendations of the Diabetic Subcommittee (of the Health Information System Advisory Committee, IHS) for Detection, Diagnosis, and Management of Diabetes Mellitus (see Diabetes Mellitus: Standards for Diagnosis and Management, attached to reference 9). Among the purposes of these guidelines are to: (1) limit "diabetic" diagnoses to those most likely to be affected by the disease; (2) intensify diabetic case finding in high risk groups or individuals; (3) base diabetic management upon staging criteria; (4) involve nonphysicians (CHMs, or PAs; Pharmacist practitioners; LPNs; Community Health Representatives, or CHRs) to a major extent in diabetic management of asymptomatic diabetics, so that physicians can give greater attention to diabetics with symptoms and/or remediable complications; (5) stress that early diagnosis and careful management of diabetic pregnancies can markedly reduce the complications (spontaneous abortion, stillbirth, congenital malformations, macrosomia, etc.).

RECOMMENDATIONS FOR IMPROVED DIABETIC DIAGNOSIS AND MANAGEMENT PROGRAMS FOR INDIANS

1. Implement a diabetic case finding program as outlined on page 8 in reference 9, Diabetes Mellitus: Standards for Diagnosis and Management and in the following table:

Recommended Frequency of GTT for Diabetes
Case Finding in Indians

Diabetes Prevalence in Population $\geq$ 35 years	Age of Person (Years)		
	15 - 29	30 - 49	$\geq$ 50
High Prevalence ($\geq$ 35%)	At 5 Year Intervals	At 2 Year Intervals	At 5 Year Intervals
Medium Prevalence (15% - 34%)	<u>Female</u> : Once (At Leaving High School) <u>Male</u> : None	At 5 Year Intervals (Both Sexes)	At 5 Year Intervals
Low Prevalence (0% - 14%)	None	Once During Period	Only When "High Risk"* (See Below)

*HIGH RISK FACTORS (To Be Used As Guidelines For Special Surveillance)

- A. TRIBE (wide range of diabetic probability; many tribes not adequately categorized -- but this evaluation should be done).
 1. Highest -- Pima, Papago, Maricopa, Mohave, Cocopah.
 2. Medium -- Hopi, Yavapai, Hualapai, Apache, Cochtaw, Cherokee, Paiute, Washoe, Seneca, Seminole.
 3. Low -- Alaskan Athapascan, Navajo, Eskimo.
- B. Delivery of infant $\geq$ 9 lbs.; stillbirth; neonatal death; infant with congenital malformation.
- C. Diabetes family history (Order of priority: Both parents, 1 or more siblings, 1 parent).
- D. $\geq$ 150% desirable weight.
- E. Coronary heart disease; peripheral or cerebral vascular disease.
- F. Peripheral neuropathy and cranial (motor or sensory) neuropathy.
- G. Active tuberculosis.

- H. Recurrent infections, especially skin or vagina (Monilia).
- I. Hypertension.
- J. Proteinuria of unknown cause.
- K. Hypercholesterolemia ($\geq$ 250 mg%).
- L. Acute refractive eye changes.

2. Intensified programs for detection of diabetes in pregnancy; every pregnant Indian woman should be screened for diabetes and GTT performed unless she is previously known to be diabetic. (See Flow Sheet on page 7 of reference 9). All diabetic pregnant women should have very careful management to decrease serious fetal complications.

3. Increased diabetic education (live and taped illustrated talks at schools, fairs, clinics, and public meetings, and in various publications and materials), especially concentrated among:

- A. Tribes with high diabetic prevalence.
- B. Young (13-20 Years) females (before pregnant) regarding the importance of early detection, and careful management of diabetes in pregnancy.
- C. Pregnant women (regarding importance of diabetic screening and management of diabetes in pregnancy).
- D. Known diabetics (on such topics as foot care).

4. Extensive programs using nonphysicians -- PAs (CHMs), Pharmacist Practitioners, Public Health Nurses (PHNs), Community Health Representatives, and others -- for many of the routine diabetic visits (as outlined on page 5 of reference 9), with physicians involved mainly in initial visits and annual diabetic examinations (exception: significantly more often for patients with symptoms or complications), should improve management by more frequent contact of diabetics with health workers for routine followup and by permitting physicians to concentrate on the initial and annual evaluation of all diabetics and on more frequent evaluation of the diabetics with symptoms or complications.

N.B.: Diabetic foot care programs should involve all of the above, plus optimally having a podiatrist available periodically. In addition, dietitians/nutritionists are important for weight control programs. (Some of the nonphysician personnel required for above recommended programs: Physician's Assistants (PAs, CHMs), Pharmacist Practitioners,

Public Health Nurses, Community Health Representatives, Dietitians/nutritionists, Health Educators, Podiatrists).

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8. Comess, L. J. et al. Congenital Anomalies and Diabetes in the Pima Indians of Arizona. Diabetes 18:471-477 (1969).
9. Letter from Maurice L. Sievers to All Indian Health Service Medical Officers, January 29, 1973 (attachment: Diabetes Mellitus: Standards for Diagnosis and Management).

2. DIABETES - RELATED
RESEARCH AND EDUCATION PROGRAMS
of the
DEPARTMENT OF AGRICULTURE

UNITED STATES DEPARTMENT OF AGRICULTURE
AGRICULTURAL RESEARCH SERVICE
NORTHEASTERN REGION
AGRICULTURAL RESEARCH CENTER
BELTSVILLE, MARYLAND 20705

November 5, 1975

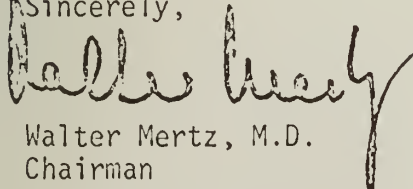
Dr. Keatha K. Krueger
Executive Secretary DMCC
8300 Colesville Road, Room 220
Silver Spring, Maryland 20910

Dear Dr. Krueger:

It became quite evident in our discussion of this morning that the definition of "diabetes" and "diabetes-related activities" is a very critical point in the activity of the Diabetes Commission as well as of the Coordinating Committee. While I am personally convinced that nutrition is an important factor, among others, in the etiology of diabetes, I have no strong feelings as to the inclusion or omission of this field from the consideration of the Commission. If the Commission applies a rather conservative definition to diabetes-related activities and wants information on these activities from the Committee, this is fine. I don't believe that the Committee should feel compelled to widen this scope. One very important point, which was also discussed this morning, is the need to apply whatever criteria have been established uniformly. This is clearly not the case in the report of the Commission, as shown by the following example: Nutrition research was mentioned repeatedly as part of programs of institutes of the National Institutes of Health. Several recommendations were made to expand on-going nutritional investigations (page 20, 21 and 22), and increases in funding of programs studying obesity, including nutrition research within NIH were recommended (page 59). The existing programs of human nutrition research within the Department of Agriculture are never mentioned, in spite of our submission of narrative summaries and budget figures. If nutrition research is accepted as diabetes-related by the Commission, the substantial intramural effort within USDA should be at least acknowledged.

The only recommendation of the Commission concerning the USDA is related to work of the Extension Service (page 99). It would appear necessary to insert a recommendation which relates to our on-going nutrition research: At least, that it be continued; better, that it be expanded and intensified.

Sincerely,



Walter Mertz, M.D.
Chairman
Nutrition Institute

FY 75 Statement for Diabetes Committee
Department of Agriculture

1. Mission: It is the mission of the USDA to safeguard a continuous, reliable supply of wholesome food and clothing to the American consumer, and where possible, to populations abroad. With particular reference to nutrition, the mission can be described in four categories.
 - A. Nutrition Research: (1) To identify the nutrient requirements of man for optimal health and (2) to define foods and diets that meet these requirements.
 - B. Nutrition Education: To communicate to the public guidelines for nutritional habits conducive to optimal health.
 - C. Surveillance of Food Consumption: To monitor food consumption patterns and assess their adequacy in relation to the Recommended Dietary Allowances.
 - D. Food and Meal Distribution Programs: To assure an adequate nutrient intake for population groups at risk because of age or of economic circumstances.
2. Programs:
 - A. Research
 - I. Intramural: The research activities relevant to diabetes of the Agricultural Research Service are all in the area of human nutrition. These activities are not concerned with pathology or therapy of the disease, but with the definition of human nutrient requirements which, when met, contribute to the maintenance of normal glucose metabolism. Of particular interest to these activities is the continuous decline of the efficiency of glucose utilization with age in the U.S.A. and its relation to the intake of macro and micro nutrients. At present most of these studies are conducted at the Nutrition Institute, Beltsville, Maryland, but it is expected that the Human Nutrition Laboratory at Grand Forks, North Dakota, with its nine-bed metabolic ward will participate in human studies in the future.

The following projects are identified:

Carbohydrate Nutrition Laboratory, Nutrition Institute, ARS, Beltsville, Maryland

- Project 5950-001 Patterns of Carbohydrate Metabolism and Individual Responses to Dietary Sources.
- Project 5950-002 Kinds of Dietary Carbohydrate and Constituents of Human Parotid Saliva, Blood.
- Extramural:
HN-07-05-04 Effect of Exercise on the Metabolic Response of Rats Fed Diets Containing Different Kinds of Carbohydrates.
(In cooperation with the University of Maryland)

Commitment: Eight scientist man years.

Funds: Approximately \$500,000/yr. Category I.

Vitamin and Mineral Nutrition Laboratory, Nutrition Institute, ARS, Beltsville, Maryland

- Project 15895-001 Chemical Forms and Biological Availability of Chromium in Natural Materials
- Project 15895-003 Analytical Methods for Trace Elements in Natural Materials
- Project 15922-001 Identification of New Essential Trace Elements, Requirements and Modes of Action

Commitment: Four scientist man years.

Funds: Approximately \$300,000/yr. Category I.

Lipid Nutrition Laboratory, Nutrition Institute, ARS, Beltsville, Maryland.

- Project 15910-002 Relationship of essential fatty acid intake to prostaglandin metabolism and function
- Project 15910-004 Influence of dietary fat and calcium on lipid metabolism
- Project 15910-006 Moderate reduction of blood lipids of man and animals by dietary means.
- Effect of dietary fat on physical chemical properties and biological function of platelet membranes.
- Identification of trace lipid constituents of animal tissues.

Commitment: 7.3 scientist man years

Funds: Approximately \$500,000. Category 2.

Nutrient Composition Laboratory, Nutrition Institute, ARS,
Beltsville, Maryland

Project 15891 Nutrient Composition of Agricultural
Commodities and Food Products

Commitment: 5 scientist man years

Funds: Approximately \$440,000.

This activity is expected to expand considerably in the future.

Narrative Summary: Acquisition of Knowledge - Etiology and Pathology (Human Nutrition Studies). The major effort of USDA relevant to diabetes mellitus is intramural; it is performed within the Agricultural Research Service, as part of its research activities of human nutrition. These activities are not concerned with the pathology or therapy of the disease, but with the definition of human nutrient requirements which, when met, contribute to the maintenance of normal glucose metabolism. Of particular interest to these activities is the continuous decline of the efficiency of glucose utilization with age in the United States and its relation to the intake of macro and micro nutrients. At present, most of these studies are conducted in experimental animals and man at the Nutrition Institute, Beltsville, Maryland but it is expected that the Human Nutrition Laboratory at Grand Forks, North Dakota, with its nine bed metabolic ward will participate in human studies in the future. These programs are now located in three laboratories of the Nutrition Institute; they involve approximately 16 scientists man years on a continuing basis and a budget commitment of approximately \$1.3 million per year. Most of these activities are complemented by extramural research projects within the U.S. and abroad, funded by ARS or by special currency funds. There are three major approaches.

The first, the Carbohydrate Nutrition Laboratory is studying the physiological effects of complex versus simple carbohydrates on intestinal absorption and on hormone levels as well as on the activity and induction of lipogenic and gluconeogenic enzymes. A project of high priority is the attempt to identify metabolic patterns of "carbohydrate sensitive" subjects as a predictive diagnostic tool. The effects of the nature of dietary carbohydrate and lipid on the insulin intensity of adipose tissue is investigated, as is the effect of oral contraceptive agents on parameters of glucose metabolism. The effects of dietary fibers on glucose and lipid metabolism are investigated, and methods are established to accurately measure the amount and type of dietary fiber in the

diet. The effects of various reducing regimes, i.e., fasting-refeeding, are investigated in experimental animals particularly sensitive to dietary carbohydrate.

The second, the Vitamin and Mineral Nutrition Laboratory is concerned with requirements for trace elements for the maintenance of normal glucose tolerance. Manganese, zinc and chromium have been implicated in the regulation of glucose metabolism; the main effort is concentrated on chromium. Deficiency of this element results in impaired glucose tolerance of experimental animals and, under severe conditions, in a syndrome resembling diabetes mellitus. There is circumstantial evidence for the existence of marginal chromium deficiency in certain population groups in the United States, particularly multiparous women, elderly persons, and perhaps, insulin requiring diabetics. Pilot studies have shown beneficial effects of trace supplementation with chromium in certain subjects with impaired glucose tolerance in the U.S.A. and abroad. A chromium containing compound occurring in various foods has been found to be much superior to inorganic chromium salts in the prevention of chromium deficiency. This compound has been isolated, it can be synthesized and it is now being tested for acute and chronic toxicity. Methods to assess the chromium nutritional status in human subjects with impaired glucose tolerance are being developed in order to identify those subjects whose abnormal carbohydrate metabolism may be due to chromium deficiency.

And the third is the Lipid Nutrition Laboratory which is concerned with the effects of diet on the lipid components of blood and tissues, mainly as they relate to atherosclerotic disease. Although this program is not directly related to diabetes mellitus, many of the parameters studied are of great importance in diabetics.

As of July, 1975, a nutrient composition laboratory will begin functioning within the Nutrition Institute. Part of its mission will be to establish valid analytical data for nutrients of importance to the diabetic. For example, it will establish analytical data for various types of carbohydrates, including fiber, as well as qualitative and quantitative analysis of the various lipid components of our diet. In addition to these continuing and directed efforts in human nutrition research related to diabetes mellitus, the Department of Agriculture, through the Foods and Nutrition Service and the State Cooperative Research Service and the Extension Service has traditionally funded extramural research and evaluation projects which are related to carbohydrate metabolism and to diabetes mellitus. However, a relation to diabetes of these projects is coincidental to other research interests, as the Department has no mission related to the pathology or therapy of a disease.

II. Extramural: See computer printouts (Attachment I).

B. Nutrition Education

I. Extension Service: Nutrition Education Program (Category 3, with 10-20% Category 1)

- a) Directed to the General Public - More than 3,100 Extension Service home economists and nutrition specialists across the country are providing education to improve the diets of individuals and families. Their priority audiences include those most likely to have poor diets - school-age children, adolescents, young homemakers and the elderly. Program emphases during the past two years have been food safety, food preservation and consumer education in relation to food buying and understanding the food market. For example, a short course of sessions "Feeding the Family - Smarter Not Harder," offered in Iowa reached 1569 homemakers with new information on management of money, food and energy. These program activities are supported by regular staff and general Extension funds.

Special effort is concentrated on reaching the poor and near-poor through Extension's Food and Nutrition Education Program. On December 1974, approximately 6,858 aides and 18,447 volunteers were working with adults and youth in this program to help them improve their diets and nutrition related food practices. This program is supported by special funds earmarked by the Congress. A million adults have been taught in-depth and two million youths have participated.

- b) Designed for Diabetic Person - Extension through its nutrition and related health programs in cooperation with Public Health Units, Dietetic Associations, and medical professionals have contributed to the nutrition education of diabetic persons.

Extension professionals work directly with small groups of people in diabetes detection and information programs; and with groups and families of diabetics in food preparation and meal management for the diabetic as prescribed by the physician. Instructional lessons with appropriate audio-visual materials are used. Diabetes, Food and You - 1971, a series of lessons developed by Dr. Catherine Justice, Extension Specialists, Purdue University, in cooperation with the Indiana State Medical Association has been used extensively in that State by Extension groups. The series explores how to live with and how to follow a diabetic diet prescription.

The State Reports 1974, National Extension Homemaker Council, documents similar efforts in other States:

Awareness and detection clinics: Nutrition information --
Missouri, Kansas, Arkansas, Ohio, South Dakota, Delaware,
Maine, South Carolina, Florida

Nutrition lessons in homes and groups: Arkansas, South
Carolina, Indiana, Oklahoma

- II. Food and Nutrition Service: (Category 4) These extramural programs are not designed for diabetic subjects, but are potentially related, as they emphasize good nutritional practices.

The Food and Nutrition Service (FNS) of the USDA administers nutritional training and education projects, studies, and surveys under Section 6 of the National School Lunch Act of 1946 (NSLA) and Section 10 of the Child Nutrition Act of 1966 (CNA).

Section 6(3) of the NSLA makes available to the Secretary funds to supplement the nutritional benefits of the programs through grants to States and Other means for:

- a) Nutritional training and education of workers, cooperators, and participants in these programs, and
- b) Necessary surveys and studies of requirements for food service programs.

Each year FNS sets aside a portion of available Section 6(3) funds for grants to States for nutritional training and education. The amount and area(s) of interest to FNS are announced to the public via the Federal Register annually, prior to May 15. Remaining funds for nutritional training and education are expended by FNS via Requests for Proposals (RFP) resulting in contractual agreements with States or nonprofit institutions, universities, or private industry. Topics to be covered by RFP's are announced in the same public Notice mentioned above. (Details see Attachment II).

- III. Consumer and Food Economics Institute, ARS, Hyattsville, Md. None of the following activities are directly designed for diabetic subjects, but they are potentially related to diabetes mellitus, because of their emphasis on good nutritional practices.

- a) Development of research-based guidelines for food selection

Research findings on nutritional needs, food composition, and food consumption are used in developing dietary guidance materials.

These include the Daily Food Guide (Basic Four) used nationally to help consumers choose food for nutritional health; and family food plans at different levels of cost, used as guides by social workers, food managers, program planners, and others to help families select good diets that they can afford. Consumer bulletins and other materials are developed interpreting the guide and the food plans. Also, a new bulletin, "Nutrition Labeling--Tools for Its Use," and a NUTRIMETER, have been developed to help people use nutrition information on food labels to check and improve their diets.

Guidance is given on request to the food assistance programs of the Department, such as school lunch and school breakfast. Research-based meal patterns (types and amounts of foods that must be served) are developed and interpreted. Consultant help is given in developing educational materials used with these programs and with the food stamp and commodity distribution programs.

b) Nutrition programs service

A bimonthly periodical, Nutrition Program News, is issued to provide an exchange of nutrition education information among members of State nutrition committees and other workers in nutrition education. Staff members serve as consultants on nutrition education, participate in planning and conducting workshops, record radio and TV tapes on nutrition for educational use throughout the country, and develop appropriate publications for consumers, teachers, and leaders.

c) Development of tables of food composition

From findings on food composition from the world's scientific literature and other sources, and from information about food production, food preparation practices, and analytical methods employed with food, tables of food composition are developed. These tables are valuable tools for evaluating diets and food supplies and for developing guidance materials on food selection. They are the basis for the food exchange lists designed for use by the diabetic person in meal planning. Recommendations for conserving nutritive values of foods are also prepared based on scientific findings.

18.3 scientific man-years and \$880,000 are allocated to these programs.

3. RECOMMENDATIONS FOR
MEMBERS OF THE NATIONAL
COMMISSION ON DIABETES MELLITUS

by

ROBERT L. JACKSON, M.D.

RECOMMENDATIONS FOR MEMBERS OF THE NATIONAL COMMISSION
ON DIABETES MELLITUS

Robert L. Jackson, M.D.

Initially, we suggest that a limited number of well established clinics for children with diabetes be identified and be made optimal in order to serve as model care, training, and research centers. The availability of a few model diabetic centers for children should make possible the gradual development of regional diabetes centers in all sections of our country for optimal treatment of children and young adults with insulin dependent diabetes. For the present and near future, we would recommend separate centers for the management of children and young adults with insulin dependent diabetes from centers primarily concerned with maturity onset diabetes.

It is unrealistic to believe that optimal care and education can be done effectively and economically by independent practicing physicians in community hospitals primarily designed for the diagnosis and treatment of children with acute medical and surgical conditions.

We strongly recommend the concept of having combined care, teaching, training, and research diabetic centers for children and that each of these centers have both independent and collaborative research programs. Clinical studies in each of the centers should emphasize the importance of early diagnosis and prompt treatment of children with diabetes as well as defined programs for the objective evaluation of therapeutic regimens designed to delay progression of the disease and the rate of development of vascular complications.

Optimal care, education, and clinical research can only be done at centers with adequate physical facilities, patient resources, and with a sufficient number of professional staff members knowledgeable and experienced in the care of children with diabetes.

It is well documented that one of the major factors in maintaining metabolic control of diabetes is intensive and continuing education of the patient and the family. Adequate and continuous education is not only substandard for children but also for adults in most existing diabetic clinics. We propose that methods to improve education including teaching aids be developed in the centers not only for the patients and their families but also for the education and training of medical and other allied health professionals.

The centers should not only improve methods of education but also develop objective criteria to evaluate the relative effectiveness of

various educational techniques designed to improve care and decrease hospital and medical costs. Facilities and personnel for evaluation and treatment of psycho-social problems should be an essential ingredient of each center. Improved techniques are needed to help families resolve problems of adjustment before they reach disturbing proportions. Further, such centers should provide training not only for medical students, house officers, and physicians but also for allied health professionals at both the undergraduate and postgraduate levels including nursing specialists, dietitians, social workers, psychologists, psychiatrists, and medical sociologists.

Although we urgently need to extend both basic and clinical research, we should recognize that a considerable gap already exists in applying current knowledge in treating patients with diabetes, to permit them to attain an improved state of health and to delay or prevent the progressive development of vascular complications.

Basic and clinical research activities and training programs in centers should be funded in part through center grants but primarily by independent research grants from multiple sources. Individual research activities within centers should vary widely. It is preferable that research data be obtained on well defined small homogeneous groups of patients maintained under close observation over extended periods of time. Adequate facilities for continued observations relating to vascular complications should be included in each center. An urgent need exists to establish more objective criteria to better define degree of control and to standardize methods for the early detection of microvascular and macrovascular changes.

As stated before, each center should pursue its own independent research programs but each center should also participate in national and international collaborative research efforts. For example, collaborative studies are needed to determine the role of specific viruses and auto-immune mechanisms in the etiology of insulin dependent diabetes. An epidemiological component of the clinical research in each center should begin to participate in determining the incidence and prevalence of diabetes within a fixed area. Ultimately, specific individuals trained to obtain family histories for genetic evaluation should be present in each center.

Great strides in the understanding and management of diabetes mellitus in the child can be achieved in the near future by the immediate development of a limited number of model diabetic treatment and research centers. More rapid advancement of knowledge will be possible by encouragement of collaborative basic and clinical research in national and international diabetic centers. It will be more effective and considerably less expensive to establish a limited number of model treatment and research centers for patients with insulin dependent diabetes before

encouraging the development of numerous centers in various regions. It also is essential to have more experienced and trained personnel before establishing additional centers.

BACKGROUND INFORMATION REGARDING NEEDS OF CHILDREN WITH DIABETES MELLITUS

Diabetes in children and young adults is so different from diabetes in the middle-aged or elderly patient that it requires special consideration. The onset of overt diabetes in a child constitutes a serious lifetime problem. The prognosis of the child with diabetes depends upon the social and economic situation of the family, early optimal treatment, adequate education of the parents and the child, and continuity of care. It is important for the child with diabetes to have immediate and continuous expert care in order to conserve his health, permit normal growth and development, and aid him or her to reach adulthood free of vascular complications and capable of meeting the problems of life.

An ever increasing number of juvenile diabetics are finding themselves handicapped by progressive vascular disease in early adult life. The insidious development of these serious complications over a period of years indicates that, too often, the disease is managed inadequately. Anatomic, biochemical, and clinical evidence that the vascular complications are related to the degree of regulation of diabetes is accumulating. Both human and animal studies indicate that the degree of control of the diabetes is the only identifiable factor bearing a constantly significant relationship to the incidence, rate of development, and severity of the vascular complications. Accumulated clinical experience also indicates that decrease in the rate of physical growth and delayed maturation occur only in diabetic children who receive inappropriate insulin therapy and/or suboptimal dietary supervision.

Every child with overt diabetes should receive insulin therapy as soon as the diagnosis is confirmed. Many if not most children with overt diabetes receive delayed and inadequate treatment at the time of onset of symptoms. Institution of insulin therapy and careful meal planning as soon as the diagnosis is confirmed will permit complete regulation of the disorder. The earlier the diagnosis is made, the lower the amount of insulin needed and the easier it will be to attain and maintain a high degree of control with little risk of hypoglycemia. At the time of onset, the maintenance insulin requirement is low because the child's pancreas is still able to produce some endogenous insulin. This state of partial remission persists for a variable period of time depending on how early insulin treatment is initiated and how capable the family is to continue the treatment program at home. During this period of partial remission, glycosuria can be controlled completely with small, twice daily doses of insulin and with little likelihood of even a mild insulin reaction. If a high degree of control is maintained, the period of partial remission usually persists for several years. This so called "honeymoon" period provides assurance to the parents and

the child that diabetes can be controlled and that their child can lead an active normal life.

There is a growing body of evidence that the glucose tolerance test of children as well as of adults may be abnormal (chemical diabetes) for years before the onset of clinical or overt diabetes. Studies of children with a family history of diabetes* during intercurrent infections or during their growth spurt verify the desirability of doing oral glucose tolerance tests to detect chemical diabetes in the pre-clinical state.

The early identification of children with chemical diabetes years before they have any symptoms or signs of the disease provides an opportunity to observe the natural pattern of development of the disease, to extend our knowledge of the pathophysiology of the disorder, to establish criteria to define the various preclinical stages of the disease, and to evaluate measures designed to alter the progression of the disease to the advanced, overt stage in which insulin therapy is required to control the disease. It is well to remember that all adults were once children. If we can detect the child destined to develop the clinical disease in the early years of life, we should be able not only to delay or prevent progression of the disease but also to better control transmission of the disease to future generations.

At the time of onset, children with overt diabetes should be hospitalized as soon as possible in a medical center with a staff experienced in management of children with diabetes. The medical center should have a children's division having a hospital school and recreational outlets available for the child to continue his education and have supervised physical activity. Hospital care is needed not only for the treatment of acute complications but also to re-establish nutritional status, to determine the maintenance insulin requirement, to explore and identify difficult psycho-social areas, and to educate both the parents and the child. To attain these goals, the undernourished young diabetic child usually requires hospital care for about three to five weeks.

In addition to expert medical care, the child and family need to receive intensive and continuous education from a nurse and dietitian experienced in management of children with diabetes and who are available to spend considerable time with the child and his parents both in the hospital and when the child and parents return to the clinic for periodic visits. Detailed social information also is needed to determine the family and community resources in order to individualize the treatment program in keeping with the family's social and economic status. The

*First degree diabetic relatives (siblings or a parent).

combined efforts of a health team are necessary to evaluate and prepare the family how to continue the regimen of treatment after the child returns home and to provide continuity of support and education during growth and development. If the child is to make a good adjustment, not only the family but also the community needs to be educated by the family physician and local health agencies. Most diabetic children from stable family settings continue to do very well if they receive early treatment and the parents understand how to continue the program of management under home conditions.

Current knowledge makes possible good control of diabetes which can delay or prevent the insidious development of progressive vascular disease. At present, most children and young adults with insulin dependent diabetes are not receiving optimal care and education. The importance of early institution of insulin treatment and the necessity of intensive and continuous education for families of children with diabetes needs to be better appreciated. Recent advances in diabetes research have been encouraging. We are looking forward to the day when we will know the cause of diabetes and how to prevent it. Until then, we need to develop resources to better apply current knowledge.

4. PROPOSED INTERNATIONAL BIOMEDICAL SUMMIT CONFERENCE

THE PLAN FOR ATTACK ON THE UNRESOLVED DIABETIC COMPLICATIONS:

BLINDNESS

HEART DISEASES

KIDNEY DISEASES

NERVOUS SYSTEM DISEASES

GENETICS

ACUTE OVERT DIABETES

By: Carl Stenzler

- Consultant for the National Commission on Diabetes
- President, Pennsylvania Diabetes Institute

As President and Chairman of the Pennsylvania Diabetes Institute, I was charged by the board of directors of the Pennsylvania Diabetes Institute with the task of addressing and recommending a proposal for an International Biomedical Summit Conference to the National Commission on Diabetes.

"Diabetes Mellitus is a syndrome composed of a sequence of events about which there is considerable knowledge in the middle and gross lack of knowledge at either end. In other words, the underlying primary abnormality is poorly defined and the causes of the complications which result are subject to much speculation with little solid physiological or biochemical understanding."

George F. Cahill, Jr., M.D.
Diabetes Mellitus, Vol. 2, Page 1

"A dense fog of ignorance still covers the chemical event preceding hypoglycemia as well as those disturbances of cell metabolism which ultimately lead to angiopathy and neuropathy."

Rachmiel Levine, M.D.
Diabetes Mellitus, Vol. 1, Page 5

Philosophy of the recommendation

The Diabetes Mellitus Syndrome is a genetic time bomb that is exploding in uncontrolled chain reactions, splattering frightening morbidity and mortality. Ascending casualties and mortality each day are reflected in the vital statistics ledger. Syndrome complications... eye, heart, vascular and neurological diseases, kidney poisoning, genetics and acute overt diabetes are pyramiding national tragedy and national cost into unprecedented millions of lives in jeopardy, millions of casualties, and a multi-billion dollar drain on the national treasury.

There is no research on the horizon that offers more than "possible stability" for the immediate 10 million people - diabetic population.

Therefore, it behooves us to seek assistance, guidance and recommendations from the highest level of authorities whose disciplines impact on one or another part of the syndrome...in the hope that their collaborations and consultations will produce new thrust, new vigor and new concepts that will open new avenues for investigation.

How can we translate need for fusion of brain power into a valid mechanism for expanded research; into an increased study of the target organs?

- IN BRIEF:
1. Increase exposure to diabetes as a research problem.
 2. Enhance the potential for productivity of research scientists in the multiple diseases that are diabetes.
 3. Broaden the scope of experimental ideas being investigated.
 4. Broaden the scope for innovative research.

Basis of Recommendation

After nine months of arduous deliberations, workshops and consultation, the National Commission on Diabetes--Committee on Etiology and Pathogenesis--has codified vital information and addressed its major projections for research to quality academic hypotheses related to insulin deficiencies and metabolic abnormalities. It is generally agreed that one or more of these may provide a "stabilization therapy" and the investigation of viral causes holds modest promise for immunization of young people from future advent of juvenile type diabetes. While these new advances will contribute important information to man's meager, basic knowledge of the diabetes syndrome, it is reasonable to assume that they provide little or no hope of diminishing or arresting the frightening complications which represent the priority risks that currently tarnish and reduce the life span of a diabetic.

Dr. Theodore Cooper, Assistant Secretary of Health - HEW, when testifying before the House Appropriations Committee, April 1975, as the senior administration representative, identified the priority risks as blindness, heart disease, nervous system diseases, kidney malfunction, genetics and acute overt diabetes which is the locus of the problem. At the same time, Dr. Cooper mapped with clarity the intent of the Congress to seek mollification, melioration and therapy for these system-related problems.

Basis of Recommendation (continued)

Statements by Dr. Cooper:

"Diabetes is an extremely important health problem. In some statistical reports, it is listed as the third cause of death in this country....it afflicts 300,000 diagnosed diabetics."

"Besides being recognized as a metabolic abnormality, it has sequential effects on a wide variety of organ systems throughout the body."

"That is why the Congress mandated that all Institutes participate in this deliberation."

EYES: "The primary cause of blindness in this country results from diabetic retinopathy."

HEART: "Diabetes is a very important factor in the problem of arteriosclerotic heart disease."

"50 to 75% of all diabetics die from cardiovascular renal causes."

"Perhaps 50 to 75% of the people that have arteriosclerosis also have diabetes, and the metabolic linkage here may be a most important contribution not only to the control of diabetes but control of heart disease as well."

NERVOUS SYSTEM:

"It is a factor in neurological disease as it affects the circulation to the brain."

GENETICS: "It is a factor from a genetic standpoint because some of it is not of an acquired nature."

KIDNEY POISONING AND INSULIN INSUFFICIENCY:

"It affects the kidneys as well as primary organs of insulin deficiency from which it was originally studied."

"This was the reason the call came from the community that if there were to be a Commission to study this problem...that it should encompass all the peripheral manifestations of the problem."

"What is being called for here now is an expanded effort to study its impact on the target organs that it affects."

PROPOSED INTERNATIONAL BIOMEDICAL SUMMIT CONFERENCE

Basis of Recommendation (continued)

Ten million diabetics - or is it thirty million diabetics - are in jeopardy of blindness, heart disease, large and small blood vessel deterioration, nervous system diseases, kidney malfunction. All appear to be transmitted by little understood genetic factors. All are housed in acute overt diabetes. All are without known cause or causes and without clinically dependable preventative, curative or arrest therapies. The public ledgers bear witness to annually ascending morbidity and mortality.

Diabetes is a family of diseases that stand in orderly disorder. The organs and systems are positioned separately but adjacent. Like falling dominoes, the malfunction of any one organ or body system will trigger the malfunction of one or several or all body systems and organs. It makes no difference which part of the body is affected first..... in time, deterioration will be general throughout the body.

It is generally agreed that, in addition to beta cell degeneration and metabolic imbalance, diabetes can be caused by malfunction of the hypothalamus--a part of the brain, pituitary and hormonal error, nervous system aberration and vascular dysfunction. The cause and/or effect of diabetes can derive from the individual or collective interrelations between these body and/or organ systems.

How can one supplement Dr. Cooper's mandate?

"What is being called for here now is an expanded effort to study its impact on the target organs that it affects."

Basis of Recommendation (continued)

Answer:

Invite, stimulate new brain potential.

Open new avenues of research.

Expand the base of research.

Expand and interrelate leadership to include all parts of the syndrome. As of this time, we are without identification of the weakest link or links in a chain of events.

Therefore, it is proposed:

(see next page)

A
PROPOSAL
FOR

AN INTERNATIONAL BIOMEDICAL SUMMIT CONFERENCE: SYSTEMIC DISEASES

PROJECT I

DIABETES MELLITUS SYNDROME

Sixty research scientists drawn from any or every part of the world, each representing the apex of knowledge, respect and authority in his discipline, brought together for a series of skull sessions involving all major body systems impacted by the diabetes mellitus syndrome. They are to be divided into six affinity groups for the purpose of formulating innovative concepts which could evolve into preventive and/or arrest therapies for the multitude of sequential complications borne of diabetes. Affinity group chart appended.

AFFINITY GROUP CHART

Each of the six groups described is to be chaired by the specialist in the field underlined. Each "peer" specialist is to contribute his specific knowledge to the problem. A diabetologist is to be part of each group to contribute knowledge and experience with the problem. ACUTE OVERT DIABETES will be led and chaired by (1) a clinical diabetologist or (2) a research diabetologist. All other "peers" will contribute their innovative recommendations to expand the diabetologist's working knowledge.

	<u>HEART DISEASES</u>	<u>OPHTHALMOLOGY</u>	<u>NEPHROLOGY</u>
1.	Microvascular	Microvascular	Microvascular
2.	Macrovascular	Macrovascular	Macrovascular
3.	Peripheral artery	Peripheral artery	Peripheral artery
4.	Metabolic	Metabolic	Metabolic
5.	Kidney	Kidney	Kidney
6.	Ophthalmology	Ophthalmology	Ophthalmology
7.	Heart diseases	Heart diseases	Heart diseases
8.	Nervous systems:	Nervous systems:	Nervous systems:
(a)	Peripheral	Peripheral	Peripheral
(b)	Central	Central	Central
9.	Neurovascular	Neurovascular	Neurovascular
10.	Genetics	Genetics	Genetics
11.	Diabetes:	Diabetes:	Diabetes:
(a)	Mature type	Mature type	Mature type
(b)	Juvenile type	Juvenile type	Juvenile type
	<u>NEUROPATHY</u>	<u>ACUTE OVERT DIABETES</u>	<u>GENETICS</u>
1.	Microvascular	Microvascular	Microvascular
2.	Macrovascular	Macrovascular	Macrovascular
3.	Peripheral artery	Peripheral artery	
4.	Metabolic	Metabolic	Metabolic
5.	Kidney	Kidney	Kidney
6.	Ophthalmology	Ophthalmology	Ophthalmology
7.	Heart diseases	Heart diseases	Heart diseases
8.	Nervous systems:	Nervous systems:	Nervous systems:
(a)	Peripheral	Peripheral	Peripheral
(b)	Central	Central	Central
9.	Neurovascular	Neurovascular	Neurovascular
10.	Genetics	Genetics	Genetics
11.	Diabetes:	Diabetes:	Diabetes:
(a)	Mature type	Mature type	Mature type
(b)	Juvenile type	Juvenile type	Juvenile type

PROPOSED INTERNATIONAL BIOMEDICAL SUMMIT CONFERENCE

Mechanics for accomplishment of International Biomedical Summit Conference

1. Approval and sponsorship by the National Commission on Diabetes--
 - A. Base form designed to accomodate:
 - (a) Prime goal--develop new concepts, new directions innovative investigations, upgrade public and congressional awareness of the enormity of the problem, correct national and world attitudes regarding diabetes, maintain continuity and expand momentum and importance of diabetes as a health threat, expand research capabilities into all disciplines that compose the syndrome.
 - (b) Make the disease attractive in it's ugliness, so that political leaders can lead. Without their awareness and overt support, diabetes is an undesirable "disease of the month."
2. Active sponsorship by the National Institutes of Health--spearheaded by the John Fogarty International Center.
3. Nominees for attendance would be developed from lists submitted by all Institutes.
4. International Biomedical Conference Staff (see appended budget) would assume detail, planning and coordination responsibilities.
5. Invitations will be initiated by the International Biomedical Conference Staff or respective Institutes--whichever is deemed best.

PROPOSED INTERNATIONAL BIOMEDICAL SUMMIT CONFERENCE

Mechanics for accomplishment of International Biomedical Summit Conference (continued)

6. Two workshops for each discipline or twelve workshops convenient and appropriate anywhere in the world--devoted to establishing and developing collective thinking by inter-related researchers.
7. Final Conference: one, two or three days--to present and discuss proposed new concepts. Day meeting or meetings must be open to dialogue with doctors and scientists and press(?). Evening meetings arranged with dignity and a climate of urgent concern....attractive to policy-maker attendance. Evening meetings are responsibility of major national interest groups involved in the disease.

Recommended national interest groups:

American Diabetes Association
Juvenile Diabetes Foundation
Pennsylvania Diabetes Institute
American Heart Association
American College of Cardiology
Cardiovascular Institute
National Society for Prevention of Blindness
American Society for Contemporary Ophthalmology
American Academy of Ophthalmologists
American Academy of Neurology
Kidney Foundation
American Academy of Pediatrics
American Association of Immunologists
American Association of Obstetricians and Gynecologists
American Geriatric Society
American College of Angiology
Endocrine Society
World Medical Association
World Health Organization

Mechanics for accomplishment of International Biomedical Summit Conference
(continued)

7. Final Conference: (continued)

All preliminary discussions should be edited, published and distributed to all interested research groups, lay leadership groups, and that part of the press capable of transmitting the conclusions to world laity. Final recommendations must be published and be made available....or distributed to all interested doctors, scientists, world leaders and world laity.

8. A mechanism such as the recommended International Biomedical Conference Staff must be available. Functioning under guidelines manifest by a body like the National Commission, or the Commission's proposed Council, the continuing body should be structured as to be partially - or totally - self-supporting.

PROPOSED INTERNATIONAL BIOMEDICAL SUMMIT CONFERENCE

International Biomedical Summit Conference

First Objectives:

1. To expand research pertinent to reducing, arresting, preventing and curing the complications of diabetes.
 - (a) Open new directions for innovative research.
 - (b) Broaden the base for diabetic research into all affected organ and body systems.
2. To expand the concept of diabetes in a manner that gives due recognition to the fact the diabetes syndrome is a systemic disease of extraordinary size....composed of a family of diseases; each with deadly impact on virtually all organs and body systems.
3. Establish diabetes as the Diabetes Mellitus Syndrome....a family of diseases of which Acute Overt Diabetes is one part that could be diagnosed in the beginning, or middle, or end of a sequence of events.

Second Objectives:

1. An important workshop and workshops would help keep and maintain focus or attention on diabetes and associated problems.
2. With its multidisciplinary nature, it would increase awareness of research groups in diabetes and its problems and, therefore, hopefully motivate or activate more research interest or involvement by these groups in diabetes and related problems.
3. It would allow an intermixing of some of the international views that have not thus far been measured on the topic and allow, therefore, for the exchanging of new approaches and new ideas.

International Biomedical Summit Conference (continued)

Third Objectives:

1. Amend national and international attitudes.
2. Collate the total scientific community.
3. Function with dignity so as not to offend the scientific community--and with significant importance so as to attract world and national leaders' interest and respect.
4. Function with important reasons for extending the life of the National Commission on Diabetes.
5. Bases for establishing a permanent organization:
 - (a) To continue the work of the National Commission.
 - (b) To plan and properly accomplish a successful meeting or meetings.
 - (c) To collect and disseminate--to all interested research groups--new concepts and results.
 - (d) To generate subsequent meetings on a limited workshop basis, or bi-annually on a large scale.
 - (e) To publish the results of all workshops and accomplishment.
 - (f) To report to the Congress and the people....accomplishment or lack of accomplishment.
 - (g) To establish: (1) Medical leadership
(2) Political competence

* * * * *

5. PRESENTATIONS TO THE COMMISSION

a. INTRODUCTION TO DIABETES MELLITUS

Noel K. MacLaren, M.D. (presented by Pollyann Toll)

Diabetes mellitus is characterized by inappropriately elevated blood sugar (glucose) levels. Transient elevations of blood glucose may be seen in association with stressful illnesses; however, diabetes mellitus refers to states of persistently raised blood glucose levels.

In its mildest form, diabetes may be diagnosed in relatively asymptomatic individuals by glucose loading tests. Advancing age and obesity are common factors associated with diabetes of this type, but these are not exclusive associations. In its most severe form, diabetes is a rapidly fatal disease unless treated by insulin injections which must be given at least once daily. Most of the latter cases have their onset during childhood or early adulthood. Other cases of diabetes are intermediate in severity, and insulin therapy although not mandatory to sustain life, is sometimes offered to control the symptoms of diabetes.

Diabetes mellitus probably refers to several disease entities, with a common manifestation of deranged glucose metabolism. However, two general categories can be delineated.

1. Insulin Dependent Diabetes or "Juvenile Diabetes"

In this type, there is a severe deficiency of insulin and insulin injections are required to prevent loss of life. Most patients are infants, children, adolescents, or young adults. However, occasional cases appear even among the elderly.

2. Insulin Independent Diabetes or Maturity Diabetes

This type of diabetes is associated with considerable insulin preservation; however, in most cases a relative insulin deficiency probably exists. Often patients are obese adults who can be treated by diet and weight reduction alone. However, other affected individuals may be normal weight for age and/or even children. Oral hypoglycemic drugs which either increase insulin secretion or effectiveness of insulin, may improve the degree of diabetes mellitus and its symptoms in such patients; however, there is increasing uncertainty concerning the long-term safety of these drugs. Consequently, insulin itself may be offered as therapy to control symptoms.

Several different pathologies are associated with diabetes, whatever the type. Most important is that of premature aging of blood vessels (atherosclerosis). For example, coronary artery disease, strokes, and

arterial occlusive disease to the legs are more frequent and occur at a generally early age in diabetic individuals than among the general population. In insulin dependent diabetes, other complications begin to occur with duration of the disease, often first appearing some 15 to 20 years after the onset. One of the most important of these complications is that of microangiopathy, a disease state of small blood vessels wherein the walls become thickened and perhaps more porous. Microangiopathy leads to retinopathy (retinal eye disease) and accounts for diabetes being a leading cause of blindness. Further, microangiopathy accounts for the high incidence of nephropathy (kidney disease) which often progresses to kidney failure. Whereas the cause of these arterial complications of diabetes are unknown, other problems associated with diabetes such as cataracts (opacity of the lens) and neuropathy (nerve disease) appear to be the results of wide fluctuation of blood glucose.

There is increasing speculation that other previously mentioned complications of diabetes may have the same origin. However, proof of this contention is not yet at hand. Other researchers have suggested that the disease states associated with diabetes are companion disorders to that of diabetes, rather than the result of this disease. These possibilities have grave implications in diabetic management, especially for the insulin dependent type of diabetes. Currently the majority of diabetic children, given one or two insulin injections daily by their parents or taking insulin by self-administration, are destined to develop the complications enumerated above. It may well be that if it were possible to control the metabolic derangements including that affecting blood glucose, diabetic complications might occur infrequently. However, with available therapies, this goal is virtually unattainable. There is no doubt, however, that blood glucose levels may more closely resemble normal levels, if the diabetic requiring insulin is placed under tight control. Tight or rigid control implies multiple injections of insulin coupled with regulated activities and diet. In essence, such a treatment modality imposes considerable restrictions of life style. Compliance with less rigid schedules of therapy not infrequently has proved to be bad. Rigid regimens should increase this problem of patient compliance.

It needs to be emphasized that therapeutic attempts to normalize blood glucose elevations are not without risk. Excessive falls in blood glucose (hypoglycemia) may cause severe symptoms such as disturbances in behavior, mental confusion, coma, or convulsions resulting from insufficient energy flow to the brain. Exercise has a glucose lowering effect. Insulin given at sufficient doses to minimize blood glucose rises after food, may cause hypoglycemia between meals. This is most frequently observed in active children with diabetes who, for example, may be late with meals especially if occupied with exciting games, or may be "too tired to eat" after a strenuous day. The ever present risk of inducing hypoglycemia ("insulin shock") especially in children is a barrier against "tight control" treatments. However, physicians still

lack the proof and thus the conviction, that such therapeutic impositions are worthwhile and of long-term benefit to the diabetic requiring insulin for life. To resolve this question properly by scientific inquiry, certain resolutions concerning present organization of health delivery professionals concerned with diabetic management and treatment need to be made.

1. Research Funds

Allocations of research funds are essentially for short-term activities. However, to resolve questions as to long-term effectiveness of therapies in chronic diseases such as diabetes, long-term commitments have to be made.

2. Medical or Professional Separations

The pediatrician is best equipped to provide his skills to the infant or child with diabetes. Yet the pediatrician seldom has responsibility for the adult with manifest complications of this disease. In addition, it is rare that the pediatrician can share with the adult physician his experiences with diabetes as a disease which lasts a lifetime. There is a need for special centers where this kind of cooperation can exist, for the resolution of the effectiveness of treatment modalities.

3. Data Gathering

There is an almost total absence of any centralized agency responsible for assessing diabetes therapy as provided by the multitude of health professionals in the field. Cooperative clinical diabetes research ventures have been few to date, and have raised further doubts in therapy, rather than provided resolutions of recognized problems.

The future for diabetics with their associated host of complications lies in the hands of the researcher. Improvement of the lot of such individuals depends on new knowledge in three main areas.

1. Possible Prevention

The first step to cure is that of understanding the cause. From genetic and tissue typing studies, there is new evidence to suggest that certain individuals are predisposed to develop diabetes in one form or another. Further, the insulin dependent diabetic may have undergone destruction of his insulin secreting cells by viral infections, or by a process of self-rejection analogous to "rejections" now familiar in transplantation surgery. Such early and preliminary studies need to be greatly extended to allow for understanding of the cause and thus the first attempts at diabetes prevention.

2. Efficacy of Therapy

Normal individuals secrete pancreatic insulin after food ingestion into the blood flow of the liver, and via the liver to other tissues. The insulin so liberated, carries with it a signal which dictates that ingested nourishment is deposited as fuel stores. The insulin dependent diabetic has a severe deficiency of insulin or no insulin, and without it, energy fuel stores are released and become depleted. At present, insulin has to be given by injection and usually it is given under the skin and never into liver blood flow directly. Consequently, large doses are required since the liver is a major organ affected by the action of insulin. Further, the relative hardships of taking normally acting insulin before each meal and snack are obvious. Although insulins can be purified and altered to have their duration actions extended, limitations in the mode of delivery of insulin at present cannot mimic the normal and thus cannot completely correct the resultant metabolic derangements. Thus, some preliminary research has dealt with the possibility of developing a device capable of delivering insulin in response to minute to minute variations of blood glucose, i.e., an artificial pancreas. It is already certain that the quantity of insulin required to "control" blood glucose by such a device, would be considerably reduced from that necessary at present. This might have implications on the rate of diabetic complications. The restrictions of life style would also be minimized. Other researchers have sought to develop the technology to transplant insulin secretory cells. Whereas the latter research endeavors have not been as yet realized, it may be anticipated that these advents would provide the means of better treatment for diabetes, a common and chronic disease. While the possible development of such medical advances is awaited, dependent on continued financial support, it would appear that a number of diabetic individuals are not receiving optimum care such as exists at present. The reasons for this state of affairs are multiple. A feeling of hopelessness by the patient in regard to future disease complications, inadequate education of patients, and lack of adequately trained health care personnel are a few of the factors.

3. Prevention of Complications

Again until the causative factors are clearly identified, a logical approach to prevention is impossible. Knowledge concerning causation may be stated to be primitive. However, it may yet be proven that many of the complications result from inadequacies to deliver insulin physiologically. Longitudinal studies to substantiate this hypothesis are greatly needed. Atherosclerosis, common to insulin dependent and independent types of diabetes, remains inadequately understood. Suggestions that atherosclerosis may be accelerated by certain drugs used for diabetes needs further substantiation by large collaborative studies. Information regarding the role of dietary fats or other

foodstuffs in premature arterial aging is needed similarly. There is great need for basic research in these areas as well, if specific preventative measures are to be forthcoming.

Diabetes mellitus is among the most frequent chronic disease of childhood, and a major disease of adults. It results from the absolute or relative failure of an endocrine gland found in specialized areas of the pancreas. The disease is conspicuously the most frequently encountered and the most severe of all diseases involving endocrine glands. The cause of diabetes and its associated pathologies remain largely mysterious. There are no curative or preventative measures yet available. Current therapeutic uncertainties, directly attributable to research deficiencies, reflect adversely on health care delivery and its patient reception, in all areas of diabetes.

Perhaps the winds of change may yet blow for the long-suffering diabetic, and restore both his/her physical and mental well being.

b. PRESENTATION OF CAROLINE LURIE -- THE NATIONAL DIABETES COMMISSION

Ladies and gentlemen of the Commission, thank you for allowing me to speak to you. I admire and congratulate you for the hours, the effort, the conscientious devotion that you have put into the work of the Commission. Mine has been but a minor part -- I can only assume the degree of fatigue you must be experiencing. I know the time pressure under which you are working. However, as President-Elect of the JDF I feel an obligation to our vast membership to make a statement, the sense of which, hopefully, will be included in your final report to Congress, though I run the risk of repeating what you might already be planning to say or have already said.

We all share the objectives of this Commission. We also recognize the need to have our goals implemented. And if I could title this presentation I would give it the title "Courage."

The members of Congress who read the report of the Commission must understand what diabetes is, what it means to the health as well as the economy of the nation, what the long-term effects of diabetes can be, and what the debilitating effects of diabetes are on our ever-growing aged population.

This report will be incomplete without the distinction between adult-onset diabetes and insulin-dependent diabetes. Congress must understand the unique problems of the infant, the child, the adolescent, the young adult as well as the mature older citizen with diabetes. This encompasses some ten million Americans and your report must make Congress understand this.

Diabetes, if we are to be courageously frank, is a serious debilitating chronic disease. It is invisible, yet accelerating in its complications and incidence. Fifty years have gone by since the discovery of insulin, and we are no closer to uncovering the mysteries of cause and cure than we were then. And we are still using the same technique of inadequate treatment now as we did 50 years ago.

We do believe that diabetic children and their parents experience life in a way peculiar to very few chronic conditions. There is a seriousness and an urgency, and this must be communicated. One of the dramatic realities about the parents discovering that their child has diabetes is that they do not have the luxury of waiting to adjust -- they are then immediately dependent on an alcohol swab, a syringe, and a bottle of insulin. One, two, or three shots a day begin and must last a lifetime. They face sporadic incidence of acidosis and insulin shock. Every illness or surgical procedure becomes a major problem.

Ordinary life situations such as adolescence, sport participation, dating, driving, marriage, husband and wife relationships are emotionally complicated for them, and need expertise management and guidance.

In fact, they may face a shortened life expectancy and a possible grab bag of major serious complications. They must adjust with an ever increasing anxiety, knowing that the treatment may not forestall the onset of the debilitating disease and the onset of increasing complications.

The child grows up with the great chance that 15 or 20 years later he may pay the price for our lack of understanding of this disease. You must convey to Congress that our young people are paying too stiff a price because of inadequate knowledge.

The problems to convey are in multiples. The insulin-dependent diabetic has specific problems regardless of age. Certainly, few congressmen have ever given much thought to the problems of obtaining a urine sample from a seven-month-old baby, or what do you do with the youngster who refuses to eat after his injection of insulin. Not too many of us have had to wonder if the "terrible two-year-old" is simply being terrible or is on the brink of an insulin reaction.

Certainly few members of Congress have had to decide whether their children were unconscious because of too much insulin or not enough insulin. Certainly few members of Congress have had to view a simple stomach virus as a potential crisis. And certainly few members of Congress have had to cope with the anxious questioning of their children, who can't fully comprehend the unpleasantness of their daily injections and of their urine testing, their frequent insulin reactions with the concomitant unpleasant physical sensations and mental confusion. An ordinary cold, a normal injection, the hormonal changes common to all pubescents -- these are all precipitants to possibly another unbalanced day or week in the lives of our children.

Informed mothers and fathers of children of all ages are tired of hearing "take your shot," "exercise," "watch your diet . . . and you'll live happily ever after." We know that is not always true, and the time is ripe for courage, truth and action, and this is what bothers me most. You have had facts and figures presented here that give you the reason to ACT and REACT. The crudeness of insulin therapy must be drastically improved, and only through research can this be achieved.

There must finally be scientific answers to the constant disputes on loose control versus tight control, one injection a day versus two or three injections a day, and constant doses of insulin versus varying amounts of insulin.

Ladies and gentlemen, please make Congress understand that the young diabetic today is the diabetic of ten years from now with the possible onset of complications of retinopathy, kidney disease, and the multiple of all other vascular problems.

We at the Juvenile Diabetes Foundation are most concerned about the present and future treatment of the insulin-dependent or juvenile diabetic. We believe wholeheartedly that the base supporting all of our hopes is adequate research which will bring forth an abundance of scientific knowledge for all diabetics; research that will improve the treatment, research that will arrest the complications, and research that will eventually prevent and finally cure the disease.

DISCRIMINATION PROHIBITED — Title VI of the Civil Rights Act of 1964 states: "No person in the United States shall on the ground of race, color, sex, age, or national origin, be excluded from participation in, be denied the benefit of, or be subjected to discrimination under any program or activity receiving Federal financial assistance." Therefore, the National Commission on Diabetes Mellitus, like every program or activity receiving financial assistance from the Department of Health, Education, and Welfare, must be operated in compliance with this law.



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